Clinical Lectures
ON
PAIN AT THE HEART AND PALPITATION.

Delivered in King's College Hospital,

BY I. BURNEY YEO, M.D., F.R.C.P.,
PHYSICIAN TO THE HOSPITAL.

LECTURE I.

GENTLEMEN,—There are few symptoms that we are more frequently called upon to relieve than pain at the heart and palpitation. In nine cases out of ten, perhaps, these symptoms are referable to dyspeptic conditions or to hysterical states, and a knowledge of this fact has probably at times induced us to pay less attention to them than they have merited. It has occurred to me, therefore, that it would be advantageous to make use of the opportunities we here so largely possess to examine and analyse in detail, more fully, it may be, than has hitherto been done, the precise nature and signification of these symptoms. I shall also take this opportunity of introducing to you a method of exploring the sensibility of the præcordial and præ-aortic regions, which has been suggested and largely applied by Professor Michel Péter of Paris, and which you have seen me adopt in the investigation of several cases in this hospital. My observations, although they confirm in all essential particulars the conclusions advanced by this eminent clinician, do not entirely coincide in all points with his.

I propose, then, in this lecture to direct your attention chiefly to the consideration of cardiac pain, or of pain referred to the cardiac region as its seat. "Pain at the heart," as complained of by patients themselves, is often a very vague term. Pain anywhere in the left side of the chest, and often pain in the epigastric region, are commonly spoken of by the sufferer as "pain at the heart." Usually the complaint of "pain at the heart" means the existence of pain about the anterior part of the chest, on the left side, near the base. Now, it is scarcely necessary I should say that pain in this region may have nothing whatever to do with the heart, yet I have been somewhat surprised, while carrying out the method of exploration I am about to describe to you, to find in how many of the cases where "pain at the heart" has been complained of there has been quite unmistakable tenderness, on pressure with the tip of the finger, over the seat of the apex beat.

Of the different causes of thoracic pain which may incorrectly be referred to the heart as its seat, you must take account of the following:—

1. *Intercostal Rheumatism:* rheumatism of the intercostal muscles.—The pain of intercostal rheumatism is rarely limited to one or two spots: it usually occupies a certain tract of muscular tissue. It occurs with or is aggravated by movements of the chest; it is often relieved by diffused pressure or any support which diminishes thoracic movements. It is often accompanied by muscular pain elsewhere, and the pain is sometimes described as shifting its seat. The patient will generally tell you that he feels it when he stoops or when he straightens himself after stooping, or when he rises from the lying or sitting posture.

2. *Intercostal Neuralgia.*—This is a common affection in women, and is not unfrequently spoken of by them as "pain at the heart," especially when it occurs, as it often does, in the subjects of hysteria, with chronic uterine affections. It usually affects the sixth, seventh, and eighth intercostal nerves. It may generally be recognised by its sharp lancinating character, shooting along the course of the intercostal nerve, and by the discovery of Valleix's points—three painful points along the course of the affected nerve; one of these, the "vertebral" point, situated quite external to the spinous process and opposite the point of emergence of the nerve from the intervertebral foramen; the second, a "lateral" point, situated about the middle of the intercostal space, corresponds with the division of the nerve; and the third, "sternal" or "epigastric," point is found near the sternum, on the upper and about the middle line in the epigastrium, when the lower nerves are affected. It sometimes follows or accompanies an attack of *shingles* (herpes zoster).

3. *Costal Periostitis,* of syphilitic origin.—In such cases there is tenderness on pressure over the ribs and their cartilages, where the periosteum is felt to be thickened, and these pains are aggravated at night, when hot in bed.

4. *Pleuritis.*—The pain of acute dry pleurisy is felt as a peculiar "stitch" or catching pain on inspiration. It is usually attended with some fever, and a friction-sound may be heard on careful auscultation. In cases of chronic progressive phthisis, pains of pleuritic origin are not infrequently spoken of by patients as "pains at the heart." *Old pleuritic adhesions* may also give rise to pain in the side. This may come on after severe exertion of the respiratory organs, as after coughing, or from anything causing unusual traction on these adhesions.

5. The pain and discomfort attending *flatulent distension of the stomach,* associated with acidity and known as "heart-burn," are often, very often, mistaken by patients for cardiac pain, and in this case the action of the heart, too, is often excited, and there is also complaint of palpitation. Under this head I would mention one of the effects of the abuse of tea, coffee, and tobacco. Either of these, but especially tea, will frequently give rise to a form of dyspepsia associated with vague pains in the chest, not always limited to the region of the stomach, but often referred to a spot higher up on the left side of the chest, and commonly accompanied with disturbed cardiac action and a nervous apprehension of the existence of heart disease. I think there can be no doubt that overdoses of tea and coffee do disturb cardiac innervation to a considerable extent, and possibly cause occasionally a certain amount of cardiac neuralgia.

6. Finally, there is a pain usually spoken of as "submammary pain," but constantly referred by the patients themselves to the heart, which you will often hear complained of by young women who are also the subjects of anæmia, or who are suffering from some derangement of the menstrual functions; and you will, moreover, frequently find this submammary pain associated with tenderness over the ovaries, and especially over the left ovary. If you examine these cases attentively you will find that the pain complained of is often limited to a spot situated exactly over the cardiac apex, just over the seat of the apex beat, and it is much aggravated by pressure of the tip of the finger on this spot. I have satisfied myself of this again and again, and I have repeatedly taken occasion to demonstrate this fact. You may press with moderate firmness, with the tip of the finger, on various parts of the surface of the chest without provoking any complaint of pain, but the instant the tip of the finger presses over the seat of the apex beat, the patient starts back with a very decided expression of suffering. What, then, is this submammary pain? Is it, after all, a pain of the heart itself? Is it an anæmic or other hyperæsthetic morbid state of the cardiac muscle or nerves dependent on the general anæmia? or is it a form of cardiac neuralgia sympathetic with a morbid condition of the sexual organs, especially of the left ovary? When it is associated with well-marked anæmia it will certainly disappear completely as the anæmia disappears. But when it is associated with ovarian irritation without anæmia, as you will sometimes find it to be in robust young single women with florid complexions, it is often a most troublesome symptom to relieve. Repeated small flying blisters over the left ovary and over the cardiac apex have appeared to me to be one of the most effective modes of treatment in this latter class of cases.[1]

I have enumerated these several varieties of thoracic pain, any of which may be spoken of by patients themselves as "pain at the heart," to clear the ground, so to speak, for the more exclusive consideration of pain having its origin in some undoubted morbid condition of the heart itself, or of its covering or of the great vessels at its base. And before I proceed to treat of this subject in detail it will be necessary for me to describe to you the method of exploring the cardiac

[1] I notice that Dr. Balfour, in the second edition of his excellent lectures on Diseases of the Heart, which I have only just had an opportunity of seeing, modifies the statement which appeared in the first edition as to the nature of this submammary pain, and adopts a view almost identical with the one I have stated in my lecture. In the first edition he speaks of this pain as "wholly external," but in the second edition he modifies this as follows:—"In some cases the infra-mammary pain is wholly external. In most, however, the pain is truly cardiac in character." And further on he says, "The infra-mammary pain of chlorotic girls is almost invariably associated with pain in the heart itself, neurotic in character, and depending on mal-nutrition."

sensibility, for the introduction of which we are indebted to Professor Péter of Paris. Dr. Péter considers this method of examination of equal importance with that of auscultation or percussion. You must bear in mind that the cardiac muscle in the healthy state is insensible. Even in wounds of the heart pain is a very rare symptom, and it has been observed that when the heart has been touched by foreign objects passed through a wound in the chest pain has rarely been felt. Harvey had the opportunity of making some observations on the Duke of Montgomery, whose heart was partially exposed, after the healing of a severe wound of the chest, and he convinced himself that the heart in a healthy state was entirely wanting in sensibility.

But it is not only the sensibility of the cardiac muscle and its ganglion which we profess to expose by this method, but also that of the nerves of the cardiac plexus, and of portions of the pneumogastric and phrenic nerves. The method I am speaking of consists in simply pressing with the tip of the index finger, and with moderate force, along the intercostal spaces corresponding with the præcordial and præ-aortic regions, and generally on the several points in the thoracic and cervical regions which are in relation with the organs whose sensibility we wish to explore. Patients who suffer from chronic myocarditis often complain of a dull, heavy, almost constant deep-seated pain in the region of the heart, aggravated at times under the influence of emotion or any considerable effort, and shooting then into the back. In such cases pressure with the tip of the finger along the intercostal spaces in the præcordial region, close to the sternum and over the ventricle, will constantly afford distinct evidence of the existence of a morbid sensibility of the cardiac muscle. The patient will often complain of severe pain when pressure is made over certain definite spots. In these cases the pain is especially felt in the fourth and fifth left interspaces when the surface of the ventricle is in contact with the wall of the chest, and also over the cardiac apex. And pressure over the apex will remain painful even after the pain has disappeared, under suitable treatment, from the other points.

Dr. Péter has noticed that in middle-aged men who suffer from the excessive abuse of tobacco, pressure over a very limited point on the third left intercostal space, near the sternum, will give rise to acute pain; and he thinks this point corresponds with the auriculo-ventricular groove, and that this strictly localised pain is probably due to a morbid condition of the ganglion of Remak consequent on tobacco impregnation. Such patients often suffer from cardiac intermissions, of which they are conscious, and also from deep-seated pain, which they refer to the same spot, which is found to be painful on pressure. In morbid affections of the aorta and its valves he finds pain on pressure over the second left intercostal space close to the sternum and over the sternum itself on the same level; and this pain he maintains is due not to the lesion of the aorta itself, but to a neuritis propagated from the diseased aortic tunics to the nerves in close relation with that vessel.

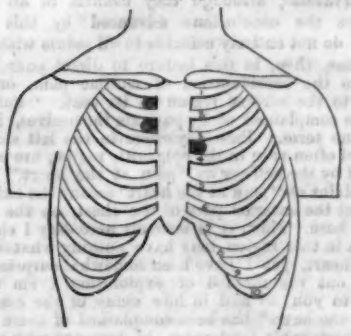
Pressure over the præ-aortic region is also of special importance in exploring the sensibility of the cardiac plexus and its tributary nerves; but it is necessary to be careful not to press too strongly over this region, as an attack of angina has been induced by neglecting this precaution. If there exist neuritis or neuralgia of this plexus, then pain on pressure with the tip of the finger will be found either in the third, second, or first left intercostal space near the sternum, or over the sternum at the level of the second interspace. The second intercostal space, a few lines from the left border of the sternum, has been found by Dr. Péter to be particularly painful on pressure in these cases as well as over the sternum in this level; and he mentions that pain in this situation is very significant of lesion of the aorta affecting the whole thickness of its walls, since the nerves adherent to them are involved; and he asserts that he has often been able by this method of exploration to diagnose the existence of aortic disease which had not been before suspected.

In such cases Dr. Péter has found, and, I believe, been able in several cases to corroborate his statement to a certain extent, that there is tenderness on pressure over the pneumogastric at the root of the neck, especially on the left side, and in other parts of its course. I have several times found a painful spot on pressure with the tip of the finger over the situation of the vagus (just at the root of the neck, inside the anterior border of the sterno-mastoid); but I have not been able to corroborate Professor Péter's observation as to the existence of painful spots in these cases over the spines of the upper cervical vertebræ. Nor have I been able to satisfy myself that it is easy (as Dr. Péter seems to think) to explore in this manner the condition of the phrenic nerves.

I will now ask you to allow me to bring before you the particulars of a certain number of cases where the patients have complained of "pain at the heart," and where exploration of the sensibility of the cardiac muscles and nerves, in the manner I have just described, has given definite results. In many of these cases there was evident organic valvular lesion, readily detected by the ordinary methods of examination; but in some other cases there was no organic valvular disease to be discovered. And first let me call your attention to those cases of organic cardiac lesion in which the complaint of cardiac pain has been a marked feature. I am not at this moment thinking of those alarming paroxysmal attacks of pain often observed in persons where no definite cardiac lesion has been detected, and called usually by the name of "angina pectoris." We shall certainly have to consider briefly these cases in connexion with our present subject, because I cannot doubt that causally they are often closely allied with the non-paroxysmal form of cardiac pain. But I wish, in the first place, to speak of that less severe and less distinctly paroxysmal form of cardiac pain found associated with many cases of heart disease.

Now, there is one clinical fact you may accept undoubtedly, and that is that complaint of cardiac pain is much less common in mitral than in aortic disease; and the reason probably is that in many of these cases of disease of the aortic valves, there is associated with it a diseased condition of the coats of the aorta, a chronic aortitis, which extends to

FIG. 1.



and invades the contiguous nerves of the cardiac plexus. I am speaking, of course, of cardiac pain of some intensity, not of mere cardiac discomfort, which is common enough in mitral cases. I will now read to you from my case-book the notes of one of the first cases in which I applied this method of cardiac exploration, and in which the complaint of "pain at the heart" was well founded, was associated with well-marked lesion of the aortic valves, and moreover was greatly benefited by appropriate treatment.

J. A——, aged thirty-nine, a labourer, applied at the Brompton Hospital last spring, complaining of pain at the heart, shooting through the left breast to the back, and also of sudden pains across the chest, which made him stop when walking. He also complained of "fluttering at the heart." He had been troubled with this pain, together with some dyspnœa, cough, and streaky expectorations for seven or eight weeks. He had also lost flesh; had had rheumatic fever four times. There was notable pallor of the face and lips. Examination of the heart revealed the existence of a prolonged systolic murmur at the base, loudest over the second right cartilage, but conducted all over the cardiac region. There was some hypertrophy of the ventricle and some dulness over the base in the upper sternal region, as if from dilatation of the aorta. Pulse 104, rather small. On pressure with the tip of the finger over various parts of the chest three distinctly painful spots were discoverable—one at the sternal end of the first, one at the sternal end of the second right interspace, and the third at the sternal end of the third left interspace. He was ordered four minims of tincture of digitalis in one ounce of the iron and calumba mixture of the Brompton Pharmacopœia three times a day, and to apply small flying blisters the size of a florin over the

upper sternal and adjacent præ-aortic region. A fortnight afterwards he reported himself as much better; he had had less pain and less dyspnœa. Pulse had fallen to 88. Under this treatment the pain continued to get less and his dyspnœa was greatly relieved, and the pulse became stronger and less frequent. The annexed diagram shows the situation of the painful points in this case. (Fig. 1.)

In this case the affection of the aorta was no doubt of rheumatic origin, and the chronic inflammatory condition of the coats of this vessel had probably extended to some of the nerves of the cardiac plexus in relation with it. There appeared to be some want of tone about the cardiac muscle and imperfect filling of the vessels, though no regurgitant murmur could be detected. Great benefit followed counter-irritation over the aortic region, associated with small doses of digitalis and citrate of iron.

The next case to which I wish to call your attention also illustrates the value of local and general treatment in relieving the cardiac pain and other symptoms dependent on aortic disease.

This patient, a widow, thirty-two years of age, engaged in teaching, I first saw in November, 1876. She was not, at that time, complaining especially of cardiac pain, but of dyspnœa on exertion, of cough, of frequent epistaxis (six years before she had had a small hæmoptysis), and of loss of appetite and constipation. She then had a diastolic murmur, heard loudest in the mid-sternal region at the left border of that bone. There was no history of acute rheumatism. I saw her once or twice during the next two years. But in the spring of 1880 she came to see me complaining for the first time of "pain at the heart." She was said to be suffering from the shock of the death of a sister, and complained of much nervous distress and of sleeplessness. She had a cough, and the expectoration was often tinged with blood. But her chief complaint was of pain in the cardiac region, shooting down both arms to the elbows, aggravated on the least exertion. She came to see me again in May, 1881, with much the same symptoms, pain at the heart and palpitation, pain shooting down left arm from shoulder to elbow, some swelling of the ankles, which she said "turned black" at times; dizziness, singing in ears, loss of appetite, and constipation. As before, there was a distinct "brush-like" diastolic murmur in the mid-sternal region; the apex beat was somewhat diffused, but in its normal situation. Pulse 120, collapsing. On exploring the cardiac sensibility with the tip of the finger, one, and only one, painful spot was found at the sternal end of the second left interspace. There was marked tenderness over this spot, and pressure there with the tip of the finger provoked an immediate complaint of pain. She was ordered a mixture containing five-minim doses of tincture of digitalis with five grains of citrate of iron, some ammonia and chloric ether. A small flying blister was to be repeatedly applied to the præ-aortic region. Three weeks after the commencement of this treatment she was very much better; the pain in the cardiac region and in the left arm was much less; the palpitation was less troublesome, and the pulse was reduced from 120 to 80; moreover, the painful spot in the second left interspace had disappeared.

(To be concluded.)

ON THE

ABORTIVE TREATMENT OF GONORRHŒA.

BY W. WATSON CHEYNE, M.B., F.R.C.S.,

ASSISTANT-SURGEON TO KING'S COLLEGE HOSPITAL, AND DEMONSTRATOR OF SURGERY IN KING'S COLLEGE.

(Concluded from p. 177.)

I WILL now proceed to give my experience in hospital practice since October, 1880, and then I will sum up the facts, and describe what I believe to be the best mode of procedure. The method which I originally tried was the introduction of one of the bougies previously described, followed by the use of an injection of boracic lotion, and the administration of alkalies and aperients. After some time, I tried an emulsion of eucalyptus oil as an injection (one part of the oil in forty parts of the emulsion), and certainly got more rapid cures. The results obtained in about forty cases by these means are detailed in my former paper. At the commencement of the period at which this statement of results begins, I continued to treat patients in the acute stage by the insertion of an iodoform and eucalyptus bougie, the frequent use of an injection of eucalyptus emulsion, and the administration of alkalies and aperients. I treated nine cases in this way during the winter of 1880. Of these, six were seen within five days of the commencement of the discharge, and in all the inflammation was cut short at once, and the average duration of treatment till complete cessation of all discharge was nine days and two-thirds. Two were not seen till fourteen days after the commencement of the disease, when the acute symptoms had almost subsided and the duration of treatment in these was twelve and twenty-eight days respectively, so that here the treatment cannot be said to have had any influence in arresting the disease; this is in accordance with my general experience. The other case was a patient suffering from gleet, who contracted a gonorrhœa eight days before he was seen. The inflammatory symptoms subsided under treatment, and in three or four days he was in the same condition as formerly—i.e., he had a little gleety discharge, noticed the first thing in the morning. I soon found that copaiba might also be given with great advantage from the very first, and two cases were treated with an iodoform and eucalyptus rod, and copaiba and eucalyptus injection, the one being well in four days, and the other in fourteen days. In the latter there was only a little discharge in the morning after the fifth day, but it did not entirely disappear till the fourteenth day. In two cases the use of an injection of eucalyptus emulsion, and the administration of an alkali, without the previous introduction of an iodoform and eucalyptus rod, did not appear to shorten the progress of the disease.

Several patients having complained of the irritating nature of the eucalyptus injection, and the pain caused by it, I began to try other injections, and, finally, the following case led me to abandon the eucalyptus emulsion altogether. A patient treated with the bougie and the emulsion got almost well in four or five days. He complained, however, of the pain caused by the injection, and after about four days the discharge increased, and an abscess formed in the cellular tissue of his penis. Of course abscess is not an unfrequent complication of acute gonorrhœa, but here the acute inflammatory stage had apparently been checked, and I cannot but attribute the abscess to the irritating nature of the eucalyptus injection. Among other substances which I tried, I used the injection of tannin—two grains to the ounce of water. In four patients in whom this was employed the average duration of treatment was nine days and a half, but one of these cases was eighteen days in getting quite well, though after five days there was only a little discharge in the morning, and thus the average time required for complete cure is considerably increased. These patients, however, also complained of the pain caused by the injection, and one case had symptoms of irritability of the bladder for some days. I finally tried, and now always use, an injection of sulpho-carbolate of zinc (two grains to the ounce of water), begun after the introduction of one or two of the iodoform and eucalyptus rods, copaiba being at the same time administered internally. The following is the mode in which I proceed:—The patient is told to pass his water; he then lies down, and an iodoform and eucalyptus rod is dipped in eucalyptus oil, and passed into the urethra; a small pad of boracic lint is applied over the orifice, outside this a large piece of gutta-percha tissue, the whole being fastened on by strapping. He is told to allow this to remain on as long as he can, generally about five or six hours. He then takes it off, passes water, injects one or two syringefuls of the sulpho-carbolate solution, and if the case is very acute another rod is introduced. Afterwards he uses the sulpho-carbolate of zinc injection as often as he can (six or seven times a day generally), always passing water before its use in case any infective material remains in the urethra, which might be driven back before the injection. I always recommend that a piece of boracic lint be kept over the orifice of the penis to absorb the discharge; this can be retained in position by drawing the prepuce down over it. A purge is administered at the first, and the bowels are afterwards kept freely open by salines. Copaiba is also given in half-drachm doses thrice daily from the beginning. The patient is further cautioned against the use of beer or spirituous liquors, &c. After three or four days, when the acute symptoms have subsided, an injection of sulphate of zinc, tannin, acetate of zinc, or, indeed, any of the astringent injections in common use, is substituted for the sulpho-carbolate, which, in my experience, though the best injection

at the beginning, does not, as a rule, arrest the discharge in the chronic stage nearly so rapidly as some of the other injections. After the discharge has ceased the injection, and possibly, also, the copaiba, at any rate the restrictions as to drink, ought to be continued for four or five days, so as to avoid a recurrence of the discharge.

Fifty-one hospital cases were treated more or less in the way described with the following results. In forty-one the average time from the commencement of the treatment till complete cessation of the discharge was 9·9 days. Of these four cases lasted longer than fourteen days, being eighteen, twenty-six, twenty-eight, and thirty days respectively under treatment; in all the acute symptoms had completely subsided in two or three days, but a little discharge remained, especially seen in the morning, which did not quite disappear till the times mentioned. In two of the four cases the sulpho-carbolate injection was unintentionally continued throughout; and I think this may have had something to do with the result, though it is undoubted that in some people, for some reason which is not very apparent, the discharge does not cease so quickly as in others. In two cases the discharge returned slightly after heavy drinking, but soon got well again; and in two cases it returned for a day or two after leaving off the injection, but disappeared again under treatment. The average time which had elapsed between the onset of the symptoms and the commencement of the treatment was 3·2 days. It may be interesting to state the time more exactly; thus in seven the symptoms had lasted for one day, in twelve for two days, in eight for three days, in five for four days, in three for five days, in one for six days, in four for seven days, and in one for eight days. The incubation period of the disease also varied considerably, having an average of 4·5 days in thirty-nine of the cases (in two the incubation period was not ascertained). More exactly, three had an incubation period of one day, three of two days, ten of three days, four of four days, seven of five days, five of six days, three of seven days, two of eight days, and two of ten days. As far as possible only cases of virulent gonorrhœa are included in this list, though in the cases in which the symptoms had only lasted for one day it was not always easy to be certain that a virulent attack was coming on. However, even in these rapid increase in the amount of discharge, increase in the scalding pain on passing water, and in some marked redness of the orifice of the urethra and of the glans penis indicated pretty certainly a severe attack. The majority of these were first gonorrhœas. The other ten cases require special notice. In one the sulpho-carbolate of zinc injection was used throughout, and not at all regularly. Here the acute symptoms subsided as usual, but the discharge did not cease absolutely till the twenty-second day. In two instances the patients did not come back for a fortnight, not having had medicine or injection for a week. These got well in twenty and twenty-two days respectively. In one case where the symptoms were acute they subsided on the commencement of treatment, but a slight gleety discharge continued for three months. Six weeks after the commencement of the discharge a secondary syphilitic eruption appeared. The patient was positive that he had never had anything the matter with him before. No chancre, no gonorrhœa, no syphilitic symptoms. Was this a case of chancre in the urethra as well as of gonorrhœa, and was the gonorrhœa cured, and did the chancre remain? I could not make out any swelling in the urethra, and I regret that I have omitted to note the incubation period, but I think it was only a few days. In two cases though acute symptoms subsided rapidly, as usual a gleety discharge remained for about two months, and one of these had symptoms of irritability of the bladder, and the other had had chordee, though the inflammatory stage had passed off. (It is a curious fact which I cannot explain that in one or two cases where the discharge had almost or entirely ceased erections of the penis, sometimes painful, were troublesome about the eighth or tenth day.) In one case the acute symptoms subsided and the discharge steadily diminished till the fifth day, when being ill from some other cause the patient ceased the treatment and the discharge increased; slight scalding returned. He had symptoms of irritability of the bladder. He was, however, quite well fourteen days later, the treatment thus lasting nineteen days. One case was that of a married man who had apparently not been infected with gonorrhœal pus. The symptoms were acute, and were checked as usual, but the discharge only ceased after a month's treatment. In one no benefit was derived from the treatment, the acute symptoms were apparently unaffected, and the case followed the usual course, two months elapsing before the cure was complete. In one case the injection and copaiba were never used, only the bougie being employed, and there was only slight improvement as the result. This case lasted five weeks. This last case brings me to one or two experiments which I made with the view of testing what part each of these three things—the iodoform and eucalyptus rod, the injection of sulpho-carbolate of zinc, and the copaiba—took in the treatment, and whether their conjunction was really necessary.

In another case I have used one bougie alone, without any other treatment, and though the acute symptoms were checked to some extent they did not subside so rapidly as usual. In three cases, two of them not very acute, the sulpho-carbolate of zinc injection and copaiba were used alone, the treatment being begun four, six, and seven days after the commencement of the disease, and an average of twenty days was required for complete cure. The use of a bougie and the sulpho-carbolate injection cut short the acute symptoms much as usual in two cases, but they were not quite well for sixteen days. The essentials for cutting short the acute stage seem to be the introduction of one or two iodoform and eucalyptus rods and the use of an injection of sulpho-carbolate of zinc, while the copaiba and the substitution later on of some other astringent for the sulpho-carbolate shorten the treatment very considerably.

Alongside of these cases I have treated a number with alkalies, diuretics, purges, &c., without any local treatment in the first instance. The contrast in the results was very striking; for while those treated locally came back in four days or a week, saying that the acute symptoms had passed off in two or three days, and that the discharge had either ceased or was very slight, those treated in the ordinary way generally said that the acute symptoms were but slightly better, indeed sometimes worse, and that the discharge was more profuse, while complications occurred not unfrequently. The absence of complications in the cases treated by the method which I have been describing is very gratifying, while one does not have those bugbears of an out-patient room—cases which come week after week complaining of a little discharge in the morning.

When Dr. Koch was in London at the meeting of the Congress in 1881, I spoke to him on the subject, and told him about my attempts to arrest gonorrhœa. He suggested that I might get still better results if I used bichloride of mercury, which was the most powerful antiseptic with which he was acquainted. I accordingly introduced into each iodoform and eucalyptus bougue one-sixteenth of a grain of bichloride of mercury, and have used these bougies in eleven cases, the rest of the treatment being carried out in the same way as before described. The result, however, did not show any improvement on my former plan; indeed, I think rather the reverse. The average duration of treatment in ten of these cases was ten days and a half; but this average is increased by two cases, which lasted for eighteen days. In one case the treatment failed, and the patient was only well after six weeks. All the patients complained of considerable pain for a short time after the introduction of the bougie; in some, indeed, the pain was severe. There were no complications in these cases, but as I found no advantage from the bichloride of mercury, and as there was greater pain caused, I have given up its use. In three cases I tried weak injections of bichloride of mercury, one grain to ten or twelve ounces of water. Only one of these cases was a typical acute gonorrhœa, and this did not improve materially as a result of the treatment, and was not well till eight weeks had elapsed. In the other two cases there were no acute symptoms, and these got well in about twelve days. I do not think that the use of injections of bichloride of mercury is a promising method of treatment.

Since I began these experiments I have become acquainted with another method of arresting gonorrhœa. Mr. Furneaux Jordan of Birmingham, in speaking of the good effects of counter-irritation in the cure of acute inflammations ("Surgical Inquiries") mentions two or three cases in which very rapid cure of gonorrhœa has resulted from the application of blisters in the groin. He tells me that the results of this method vary in different individuals, but that in first gonorrhœas it is generally satisfactory. In later attacks of gonorrhœa, and more especially where there is a tendency to stricture, however slight, the treatment is ineffectual. Now, it may be objected that if this inflammation can be

arrested by counter-irritation in the groin it cannot be caused by the growth of organisms in the urethra. In answer to that I would remind the reader that from the very first I have looked on two factors as necessary—namely, organisms and a weakened condition of the mucous membrane. The organisms weaken and inflame the mucous membrane in their vicinity, and then grow in it and affect the neighbouring parts similarly. If, however, that mucous membrane be brought into a condition in which it cannot inflame, as we may roughly suppose to be the effect of efficient counter-irritation, then the organisms cannot spread, and if this condition of the mucous membrane be kept up they must ultimately die out. Hence I would conclude that it is quite possible that counter-irritation might check, and even cure, the inflammation, but then it must be kept up for some time after the discharge has ceased, otherwise the organisms will again grow. I wrote to Mr. Jordan to ascertain if this were the fact, and he tells me that it is, and that if the counter-irritation be stopped too soon the gonorrhœa returns. Now, seeing the effect of counter-irritation, if we add it to the treatment I have proposed, and thus destroy the organisms, we ought to have a more rapid and perfect result. It is but seldom that one can get a patient who is able to lie in bed for some days, and I have only once in a first gonorrhœa tried counter-irritation on Jordan's plan, but without any good result. I should however, if opportunity presented, try the combination of the two methods as just mentioned.

I may sum up the results of this investigation shortly as follows:—The treatment recommended here—the use of one or two iodoform and eucalyptus rods, an injection of sulphocarbolate of zinc, and the internal administration of copaiba—has the effect, in the great majority of cases of acute gonorrhœa, of checking the acute symptoms in a day or two, and bringing the disease rapidly to the chronic stage, thus avoiding all the risks dependent on the violence of the inflammation. The discharge at this time is very amenable to treatment, and gets rapidly well under the use of suitable remedies. All that I claim for the method, however, is that it cuts short the acute stage, in the great majority of cases, and thus the patient escapes the dangers and pain incident to that stage. The essential parts of the method are the use of the bougie and the injection; but the rapidity of cure is much aided by commencing the use of copaiba or sandal oil at once. The method may be employed at any stage of the disease, but is, in my experience, only of use before or during the acute stage, up to (say) the eighth day. The result is the more marked the more acute the inflammation, the rapid subsidence of the inflammatory symptoms being very striking. Even in the very few cases in which it has failed to produce this effect, it has not, so far as I can judge, done any harm. The addition of bichloride of mercury, though a powerful antiseptic, to the rod, or its use in the form of injection, does not seem to be of advantage. It is possible that the combination of counter-irritation with this method may yield even more rapid and satisfactory results.

[ERRATUM.—In the last paragraph but one of last week's issue for "granting, however, that these views are *in*correct," read "granting, however, that these views are *correct*."]

Old Cavendish-street, W.

A CASE OF

HYDROPHOBIA TREATED SUCCESSFULLY WITH ACONITE.

BY D. H. CULLIMORE, F.R.C.S.I., &c.,

PHYSICIAN TO THE NORTH-WEST LONDON HOSPITAL; FORMERLY ON THE MEDICAL STAFF, H.M. INDIAN ARMY.

THE rapid approach of the dog days, and the recent report from Paris of a successful case of hydrophobia treated with pilocarpine, induce me to publish the notes of the following case, where aconite—a drug possessing properties in some respects analogous to jaborandi—was the chief remedy employed.

A boy, aged ten years, presented himself at the out-patient department of the North-West London Hospital, complaining of pain over the diaphragm and abdomen, with gasping and spasmodic breathing. Some three weeks before he was bitten on the finger by a supposed rabid dog; but as the wound after cauterisation healed well, and as he continued in his usual health, no notice was taken of him till two days before he was taken to the hospital. At this time, however, owing to the wound becoming painful and angry-looking, and symptoms such as restlessness, anxiety, fidgetiness, and sleeplessness having commenced to trouble him, relief was sought. The boy was admitted an in-patient on November 13th, 1881, as, in addition to the symptoms just detailed, there was a peculiar and suspicious wildness of expression, with choreic-like twitches of the face, and a temperature of 101° F. These symptoms, taken in their entirety, led me to so strongly suspect the existence of the melancholic stage of hydrophobia that I fully expected the immediate onset of the fully developed symptoms of this dreaded disease. The tongue was furred and cracked in the centre, but red at the tip and edges, and the pulse presented nothing abnormal.

The treatment, after placing the patient in a quiet and secluded corner, consisted of a dietary of milk thickened with arrowroot and beef, with the following mixture:—One minim of the tincture of aconite, six grains of bromide of potassium, six minims of the tincture of cinchona, to half an ounce of water, to be taken every half hour for twelve doses, and then three times a day.

Jan. 16th: Passed a restless night, attended with occasional delirium till towards morning, when very free perspiration was followed by sleep. The sister in charge states positively that he refused to take fluids during the night, and, on testing him myself, he took water with reluctance, swallowing it, however, with about the same difficulty one might expect in a sharp attack of tonsillitis. So much was I struck with this symptom that I at once expected some severe throat inflammation; but on examination no swelling whatever was found, nothing, in fact, beyond a slight redness of the parts about the root of the tongue. It is necessary to say that there was not the same difficulty with the beef-tea and arrowroot, to which thickened fluids his drink was restricted, as I did not think it advisable again to try him with water, lest it might aggravate his complaint. —17th: Continues to complain of the epigastric pain and depression, to which is added severe frontal headache, and is much in the same state as yesterday. He takes beef-tea, and has no convulsive paroxysm beyond an occasional twitch.—19th: The patient has lost his wildness of expression, but appears sleepy and drowsy, owing probably to the effect of the medicine. The wound does not heal well.—25th: He made good progress since last observation; all symptoms clearing up, with the exception of the abdominal sinking, and the state of the wound, which shows little inclination to cicatrise. The aconite to be omitted, and two grains of quinine to be taken three times a day.—27th: The temperature, which for some time was normal, rose to 101° F.; but from this date till December 6th, 1882, it gradually declined. Bowels rather constipated throughout. He was then discharged; temperature normal; wound not well cicatrised.

Remarks.—This case presents two problems for solution:—First, was it a case of hydrophobia, looking at this affection as the result of a specific poison, and not, as some few still consider it, a complex neurosis acting on susceptible organisations? Second, looking at it as an example of the incipient stage of specific disease, did the remedies employed prevent its further and fatal development? The history of the bite and its seat, the period of incubation, and the age of the patient (nine out of thirty-six persons attacked, according to Mr. Dolan, being about this age), together with the renewed pain and soreness in the wound, would render a diagnosis of rabies probable. Added to which, the convulsive twitches, the look of alarm, the fidgetiness, the spasmodic breathing, and the reluctance, difficulty, and refusal to take water, though not insurmountable on the day after admission, and of short duration, appear to me to afford evidence sufficient to render certain what the prodromata rendered probable. Moreover, the absence of other causes, though carefully looked for, corroborates this view of the case. It might be alleged that the difficulty with fluids was of too transient a character to be compatible with rabies, and I grant I was very agreeably and extremely surprised by its speedy subsidence. Yet, on the other hand, many fatal cases are recorded where there was no hydrophobia (using the word etymologically) and no difficulty of swallowing fluids, while it should also be borne in mind that fluid dysphagia is a symptom of other affections, and that

there is at least one case on record where a patient suffering from laryngitis was violently and fatally treated for rabies. Again, if not rabies, what was the disease? Tetanus it certainly was not, for I have seen so many cases of this disease in India that I can positively say the symptoms are very different. Besides, the onset of traumatic tetanus is rarely delayed beyond the tenth day, and never for three weeks. Against the symptoms being caused by serious apprehension and dread of impending evil are the age of the patient and the increase of temperature of the body. The second question to be answered has reference to the value of the medicine. Now, rabies has two stages, exclusive of the period of incubation. One corresponds to the circulation of the poison in the blood, and is reflected by the malaise, fidgetiness, nervous breathing, changes in the wound, and, in this case at all events, by the pyrexia. The other is due to a later pathological action of the poisoned blood setting up irritation of the medulla and the nuclei of the bulbar nerves, and manifests itself by the fatal spasmodic convulsions of the pharynx and air passages. Therefore the remedy should be selected with a double object: first, to eliminate the poison from the blood, and, second, to counteract, control, or relieve the congestion of the nerve centres before referred to. Aconite, as I will now endeavour to show, recommends itself to our consideration as fulfilling both requirements in a manner unequalled by any other drug in our possession, or by any that has hitherto been tried as a remedy for hydrophobia. Thus, by the profuse perspiration which it causes, it eliminates, in common with jaborandi, the morbid poison from the blood. It is true, it does not act as a sialogogue, but no superior benefits can be claimed for jaborandi on this account; as in the olden days mercury to salivation was frequently tried, not only with no good result, but often with an unnecessarily disagreeable one. Thus, it is the sweating action of aconite, as it is of jaborandi, that is beneficial in the first stage. We know that many bitten on exposed parts by dogs undeniably mad never catch the disease, and we know also that the poison may remain permanently latent, or latent till called into activity by some exciting cause, generally of a moral nature. Therefore it is easy to go a step further and conceive how in certain mild cases, but when the latent poison has yet become sensible, it may be removed by such remedial agents as the Turkish bath, aconite, and jaborandi. But the *rôle* of aconite does not end here, while that of jaborandi and the vapour bath may be said to do so. For this drug, as a vascular depressant, slows the circulation, and thus reduces the interchange between the morbid blood and those tissues on whose irritation depends the fatal manifestations of the disease, "bleeding"—as Dr. Fothergill expresses it, I think, "the blood in its own vessels." And even when this irritation has occurred aconite promptly given is not only the best drug to control it, but, by its great power of subduing peripheral hyperæsthesia, it will reduce to a minimum the effect of those secondary external causes which often bring about the paroxysms and give them their fatal virulence. To substantiate what I have just said, I cannot do better than quote a few examples from Dr. Ringer's text-book. He says that one drop of tincture of aconite given at bedtime quiets the distressing fidgets of men and women, and causes calm and refreshing sleep. The import of this is obvious when we remember that fidgetiness is one of the commonest and earliest symptoms of rabies. The same author says it soothes the nervous system, and favours sleep by producing free perspiration, which perspiration may continue for days, and that it cuts short the inflammation, not by removing its products, but, by controlling the inflammation, it will prevent their formation. In its action on the nervous system Leigois and Hotot state that it paralyses first the perceptive centres, afterwards their terminations, and, lastly, the trunks of the sensory nerves. Thus I am justified in saying that if jaborandi is useful in the first stage of hydrophobia, and wourali, by its soporific and paralysing effect in the second, aconite, combining in itself the properties of those agents so highly spoken of, is beneficial in both. It might, of course, be combined with one or other, and should also be given as a prophylactic, as indicated by its sedative action, to all who may unfortunately be bitten by animals about whose condition there is the slightest suspicion. Belladonna has been tried and recommended in rabies, which I allude to simply to condemn, for in doses one would be inclined to employ in a disease like rabies, it would probably arrest the action of the skin and cause dryness of the throat and set up convulsions, conditions which it should be our principal aim to prevent.

ON A CASE OF

OBSTRUCTION OF BOWEL CAUSED BY A LARGE INTESTINAL CONCRETION; ENTEROTOMY; DEATH.

BY J. O. BROOKHOUSE, M.D., M.R.C.P. LOND.,
PHYSICIAN TO THE NOTTINGHAM GENERAL HOSPITAL.

THE following is a case of such rarity that I venture to hope a place may be found for it in the pages of THE LANCET.

I was sent for on Tuesday, March 14th, to see Mrs. C——, aged fifty-six, the wife of a nurseryman, residing a few miles from Nottingham, from whom I obtained the following history:—On the previous Saturday night she went to bed as usual about ten o'clock, having felt during the afternoon and evening griping, twinging pains in her belly. At three o'clock on Sunday morning she awoke and was violently sick, the abdominal griping and sickness continuing the whole of Sunday, Monday, and Tuesday, when I saw her about 4 P.M. I found her in bed with an anxious expression; cool, dewy skin; small pulse, 88; tongue moist and red, with a yellowish fur in the centre. There had been no action of the bowels since the previous Friday morning. The sickness and retching were incessant. The vomit shown to me was a greenish fluid without odour, and was obviously bile largely diluted with soda-water, of which she drank freely and eagerly. No food had been taken since Saturday evening. The abdomen was not distended (the abdominal wall was very fat and ponderous); there was tenderness on pressure, as well as a distinct tumour to be felt in the right inguinal region (upper border). I at once gave her a large enema—about half a gallon of warm water—which had the effect of removing a considerable quantity of rather light-coloured fæces. I then prescribed two calomel and colocynth pills, to be followed by a draught containing two drachms of the sulphate of magnesia, and two ounces of the compound decoction of aloes, but before leaving the house I gave a quarter of a grain of morphia hypodermically, and further ordered half a grain of opium in pill every four hours. On the 15th at 10.30 A.M. I saw her again; the vomiting continued, the medicines and everything else being instantly rejected; no action of the bowels. I gave another large enema of soap-and-water, but without result. I repeated the hypodermic injection of morphia, and ordered the opium pills to be continued.

The same evening I saw her again and found her condition practically unaltered. I gave an enema of nearly a gallon of thin gruel with an ounce of castor oil and turpentine, and it was returned in a few minutes without a trace of feculent matter. The sickness being so incessant and distressing, and the patient thinking the opium pill added to her trouble, it was agreed to discontinue it until the morning at least, but I gave her another quarter of a grain of morphia by the skin. The vomit presented the same character as before. The size of the abdominal tumour appeared to me to be less, and the local tenderness was, if anything, diminished; on the other hand, her general aspect and constitutional condition were not so good. This was a curious and unusual feature, and I shall refer to it again later.

On the 16th no improvement whatever was observable; one sample of the vomit was brown and had a slightly fæcal odour. A large warm-water enema was now given through a stomach-pump tube passed eight or nine inches, but the water returned unaltered. The morphia injection was repeated, and she was urged to take the opium pill every four or six hours. At this morning's visit I first noticed an intermission in the pulse, but the rate was unchanged. The woman was evidently weaker. On the 17th the condition of the patient was unchanged, except that it was clear the exhaustion was increasing and she was becoming apathetic. I mentioned at this visit that I thought medicine would be unavailing, and that next day if unrelieved I should advise an operation. I saw the patient at 10 A.M. on the 18th. She was distinctly more feeble; the pulse smaller and weaker, intermitting every fifteen or twenty beats; facial aspect very unfavourable; eyes sunken; nose pinched; cheeks purple flush. The skin was cool and clammy, the hands and every part of the body rapidly losing

heat on exposure. The sickness was as urgent as ever, and I was shown a vomit ejected during the night markedly stercoraceous in character. I now advised the expediency of operation, and obtained the consent of the patient and her friends. In the afternoon I asked my friend and surgical colleague, Mr. Littlewood, to see the patient with me with the view to an abdominal section, Mr. Anderson, our able house-surgeon at the infirmary, accompanying us to give the anæsthetic. The operation was performed by Mr. Littlewood at 4.30 P.M. by an incision in the median line about four inches in length between umbilicus and pubes. The subcutaneous fat was nearly three inches thick. On opening the peritoneum and introducing the hand in the direction of the right iliac region a hard body was felt within a portion of the small intestine; this on being brought outside the wound was found completely filling, indeed distending, the gut, so that the wall was sufficiently thin to see the nearly black colour of the foreign body, and which was thought to be a gall-stone. An incision was made upon it, when it readily slipped out; the bowel was empty both above and below. The wound was closed with an uninterrupted silk thread and returned into the abdomen. The abdominal wound was united with silk ligatures—treated, indeed, as in the operation for the removal of ovarian disease. The woman was put back into bed and a quarter of a grain of morphia given by the skin. The temperature immediately before the operation was 96° F.; the pulse 88 and intermitting. Ordered not to have anything except soda-water and milk, the quantity of the latter not to exceed a teacupful before the morning. Ice to suck *ad lib.*

The foreign body removed was in shape and size very similar to a small hen's egg, its weight, two hours after removal, was eight drachms less fourteen grains, its circumference at its upper or broad end was three inches and seven-eighths, at the narrow end barely three inches and a half, whilst its length was two inches and a half; it had a roughish, granular appearance, with whitish spots (cholesterine ?), standing out on a very dark brown-red ground.

Next morning Mr. Littlewood and I saw the patient together. She had passed a rather restless night, moaning a good deal. Her facial expression was, I thought, unfavourable, but she was partially under the influence of opium. There had been no sickness. Pain in the belly was complained of, and there was more distension than I had before observed. The pulse was about 100, occasionally intermitting; temperature 98° F. To continue milk and soda-water.

March 20th.—Although her facial aspect is not encouraging, there is no increase of abdominal pain or distension. Pulse 112; temperature 98·4°. To be allowed half a pint of milk to-day, and the same quantity for the night. —21st: Appears generally better; is more observant and disposed to talk; has passed flatus per anum during the night. Temperature 99°; pulse 120. To have fully a pint of milk during the next twenty-four hours; the opium pill (half a grain) only night and morning.—22nd: Seen by Mr. Littlewood. Not so well. The abdominal wound is gaping and sloughy at the lower end, and the line of incision throughout is dull red; there is considerable fetid discharge, dark and grumous. Temperature 99·4°; pulse 112, weak. Aspect unfavourable.—23rd: Worse; has passed a restless night. The bowels were open for the first time last evening at 7, when a consistent motion was passed, but during the night has had several relaxed stools. She has a dull, apathetic look, dorsal decubitus, and sinks down in the bed. Temperature 100·4°; pulse 130, and running. The wound is offensive, but nearly dry.—24th: Died at 3 A.M. No post-mortem allowed.

Remarks.—The precise cause in cases of intestinal obstruction is often doubtful and not unfrequently, during life, indeterminate. It was so in the present instance; the nearest approach to a diagnosis that I could arrive at was that the obstruction was purely mechanical, as distinguished from mechanical and vital. I concluded this chiefly from the fact, already stated, that whilst the local conditions were not active and gravescent, the constitutional state became progressively more and more serious and urgent. With a clinical history such as we had here there was no reason to suspect the presence of a gall-stone or intestinal concretion, and I take it to be an unusual feature that a concretion of such size should have travelled the small intestines to within six or eight inches of the cæcum without having given rise to symptoms more or less prominent; beyond, however, occasional attacks of "biliousness," to which the patient had been subject for years, there was no history of liver or bowel troubles. With regard to the composition of the concretion itself, it is largely composed of cholesterine mixed with various organic substances, the scales of the former being well shown under the microscope with the aid of polarised light. The fatal issue, in my opinion, was mainly, if not entirely, due to the sloughing of the abdominal wound and to the condition of blood-poisoning consequent thereon. The unusually fat abdominal wall was remarked upon as an untoward element in the future of the case at the time of operation, and doubtless upon the low vitality of this fat tissue was the sloughing of the wound dependent. At no time did the intra-abdominal local (inflammatory) conditions occasion serious apprehension; but even after the operation and consequent relief to the intestinal obstruction the patient made no corresponding improvement in her general condition, whilst after a brief and partial rally she sank into a state of adynamia and exhaustion to which she finally succumbed.

RELIEF THROUGH SPONTANEOUS BLEEDING IN PNEUMONIA.

BY JOHN MEREDITH, M.D. EDIN.

THE following case of illness, if it were not for one or two circumstances associated with it, would not, I expect, possess any points of interest deserving of special notice. In consequence of these circumstances, the nature of which I shall presently describe, I began making notes from the commencement of my attendance. The story of it is briefly as follows:—On October 28th, 1881, I was requested to see a Mrs. M——, aged twenty-four, wife of a pensioner, residing a little way out of Wellington. I saw her about four o'clock in the afternoon, and found her suffering from an attack of pneumonia, complaining of a severe pain in the left side; skin dry; very frequent short respirations; quick pulse, and temperature 106°, fully. I found the pneumonic space was at the base of the left lung. The patient informed me that she experienced "a shivering fit" two days previous, and that she had been getting worse and worse ever since, and, further, that she was a little over three months gone in the family way. I directed that warm poultices should be applied at once to the pneumonic side, and that she should take a mixture composed of tincture of aconite and solution of acetate of ammonia in small doses at short intervals. At ten o'clock the same evening a message came, saying that Mrs. M—— had some bleeding from the nose. I did not then attach much importance to this. At the same time I sent a few doses of ergot extract with hamamelis tincture for the patient to take if it persisted, and added instructions for applying cold cloths to the face and nape of the neck. At three o'clock in the morning of the 29th inst. —i.e., about five hours afterwards—an urgent message came for me to go and see her, and off accordingly I went. I found the patient now in a particularly exhausted condition, appearing all but bloodless; pulse hardly perceptible at the wrist, the breathing laboured and rapid, and there was very little power to speak, and that only in a feeble whisper. The skin was still dry, but comparatively cool; temperature 101°. Her bedclothes were saturated with blood, and there was much also in a basin beside the bed. The blood had escaped in spurts from the nose, and to some extent from the mouth; no cough with it, nor any effort at vomiting. It issued most likely from the Schneiderian membrane, and from it some escaped through the mouth. There was no pain anywhere complained of. The means resorted to, to arrest the hæmorrhage, for it was still going on when I reached the bedside, were injection of hazeline and water into the nostrils, continuation of the medicine sent at ten o'clock, dashing water on the face, or cloths wet with water, and holding up the arms of the patient. Before long the discharge became less and appeared to cease altogether in about an hour's time, and I felt at liberty to go away again. I called next at nine o'clock, and learnt that there had been a little bleeding since my early visit. At half-past twelve, when I saw the patient for the third time that day, some signs of improvement were perceptible. The hæmorrhage had ceased; the temperature was now 100·3°, pulse at the wrist a mere thread; no complaint of pain, but there was some cough, for which an ordi-

nary cough mixture with antimonial wine and chlorate of potash was ordered. She was able to partake of liquid food, which was freely supplied to her. After this there was nothing special to note for a few days, except that the area of dulness was extending in the left lung.

On November 3rd the temperature was 99°; pulse 110. The temperature had been about 100–101° since the morning of October 29th. The patient seemed to me at this stage to have passed the most dangerous point in her illness, and was able to speak, consequently I began making all the inquiries I could regarding this, to me, unprecedented form of systemic relief. Since then I have often thought of the case, and chiefly in connexion with what we term now the old practice of bloodletting in acute diseases. The remarkable change which followed the hæmorrhage from the nose on the night of the 28th was, as I have said, unprecedented as far as my experience is concerned. The body temperature fell about 5° in a very short time, and there was complete relief from pain.

I should mention, with regard to this patient, that she is one of those who never perspire—"at all events nothing to speak of," to use her own words, even in summer weather. The relief occurring in the way it did seemed to me but a pronounced illustration of the physical law, which is to the effect that a body expelling some of its component matter loses heat thereby and becomes cold, and that, no doubt, in proportion to the rapidity of the expulsion and the quantity of the loss. In this case there must have been a condition of extreme tension of the bloodvessels, and the portion of the contents which performed the part of expelling the other portions lost heat thereby and became cooled, but the expelling power pervaded the whole system; that being so, general cooling of the whole system followed. I do not know how the practice of systematic bloodletting arose in medicine, and if I did this would not be the place to attempt any historic account of it. There can, however, be no doubt, on the principle of there being nothing new under the sun, that cases like the one I am describing happen in all countries, and fall under the observations of medical practitioners; consequently it occurs to me, thinking over the question of general bloodletting with the light shed upon it by this case, that our predecessors, noticing the relief following spontaneous bleeding—but noticing also the exhaustion produced by excess, as in this instance—argued that, if moderate bleeding were resorted to, and that at a spot where it could be controlled, the evil effects of spontaneous bleeding would be avoided and the good only secured. At the beginning a few selected cases ending favourably would be a sufficient inducement for the adoption of the practice generally without reference to special selection. Thus it may fairly be presumed that a practice, originating from a good and judicious act, subsequently degenerated into a scandal and an injury to mankind, falling into such a depth of degradation as richly to deserve the scathing satires of Le Sage, as exhibited in his character of Dr. Sangrado, besides that of many other observers; from the consideration of which it may of a truth be asserted that degeneration is ever more fertile than evolution in the formation of varieties.

The spontaneous bleeding was the first point of interest in the case to which I wish to draw attention, and I would observe that it occurred on the third day of the illness. Usually in this district relief in such cases comes later, about the fifth day, and in the form of diaphoresis. As an example of this, I shall refer to another case of inflammation of the lungs which I had to attend about the same time, that of a Mrs. T——, aged about twenty-six years, suffering from over-lactation. On the evening of December 1st the temperature of her body was over 105°, with the usual symptoms of acute pneumonia. On the morning of the 2nd, being the fifth day of the illness, epistaxis began, and she saturated three pocket-handkerchiefs very soon, then diarrhœa with copious watery stools followed. The breasts, which had been distended, discharged about a quart of milk, according to her attendant's account. Her skin had not been particularly dry, but there was not much perspiration. The temperature fell very soon to 100°. Next day it was at normal. In this case the heated vascular tension found relief through more than one outlet, and in consequence there was no special prostration.

But to return to Mrs. M——'s case and show how it fared with the implicated lung and the uterine contents. In the course of a few days the pulmonary dulness indicating hepatisation extended over the whole of the left side with blowing-sound respiration and no crepitus audible. I was not able to detect any until about a fortnight after the commencement of the illness, when resorption was taking place. The laboured character of the breathing lasted for several days after the epistaxis crisis, and then became normal. The next point of interest was the effect of the illness upon the uterus and what it contained. On November 5th the patient complained of some discomfort rather than pain in the lower part of the abdomen, and there was tenderness on pressure, leading one to infer that there would be miscarriage before long. The pulse continued quick, always over 100, at times as high as 120. The temperature remained between 99·4° and 101°. It never went down to normal. These conditions left no doubt on my mind that the fœtus in utero was dead. Still the pain and tenderness about the womb were at times very little complained of, but more so at others, and opiates were given for their relief. In spite of all, the patient was visibly improving, taking food fairly well and feeling tolerably cheerful. On November 29th some liquor amnii escaped, and it smelt offensively the attendant told me. I examined per vaginam and found the os uteri dilated to about the size of a fourpenny piece filled by a clot or something feeling like it. Next day regular uterine pains set in and the contents of the womb were expelled about three o'clock in the afternoon. The expelled substance consisted of twin boys, about the fourth month of uterine existence, attached to one placenta. All had a macerated appearance, but did not smell badly, not so bad, by all accounts, as the water which had escaped the day before. The fœtuses had been dead for a long time, it was evident, I believe from the time of the epistaxis, thirty-three days before. These dead bodies had remained in the uterus all that time, and caused not one alarming symptom or anything calling for interference, bearing out an observation I often heard Mr. Lister make more than twenty years ago—namely, that living tissue possesses antiseptic power capable of delaying putrefaction for a long time. At the same time, there is no doubt, these bodies and their appendages kept up a certain amount of blood poisoning as indicated by the pulse and increased temperature. The patient suffered for a while from metritis, but in a few weeks this passed away and the lung affected completely recovered, but it was some months before she regained her usual state of health.

The histories of these two cases of acute pneumonia possess still another feature of interest, in that they both tend to confirm the view that the disease is of zymotic nature, belonging to the preventable order. For example, Mrs. M——'s house, although internally in good sanitary condition, was situated in close proximity to a bad-smelling privy, the smell from which pervaded her house both before the accession of the illness and at the commencement of it.

Mrs. T——, like many country labouring people, had potatoes stored in her bedroom, and the decay smell from these struck one at once on entering the room. The sanitary condition of her house in other respects was fairly good, both inside and out.

Wellington, Somerset.

STATISTICS OF TETANUS IN THE MEDICAL COLLEGE HOSPITAL, CALCUTTA.[1]

BY JAMES R. WALLACE, L.R.C.S., L.R.C.P. EDIN.,
HOUSE-SURGEON, MEDICAL COLLEGE HOSPITAL, CALCUTTA.

THE frequency of tetanus in Bengal, as evidenced by the records of the Medical College Hospital—which represent fairly a very large section of the prevailing diseases which come under observation throughout this Presidency,—and its participation in augmenting the mortality in surgical operations, as further demonstrated by reference to the practice of surgeons connected with this largest of Indian hospitals, make a brief summary of their experiences worthy of our notice, not only as being interesting, but instructive. The notes on tetanus in the Medical College Hospital, which I am about to record, consist of an analysis of a tabulated statement of cases kindly placed at my disposal by Dr. McLeod and some jottings from other medical and surgical records of this hospital. During the ten years from

[1] Read before the Calcutta Medical Society.

1869 to 1879 there were 280 cases of tetanus admitted into the Medical College Hospital, in all of which the well-marked symptoms of the disease were more or less fully developed at the time of their admission into the wards. Of these 212 died. Irrespective of these 280 cases, 23 others occurred in the surgical wards, following operative interference of various kinds, and all of these terminated fatally. Of the former series of cases, 159 were of the idiopathic variety, the subjects being 93 males and 66 females, of whom 53 of the former and 58 of the latter died. Of the traumatic form there were 121 cases, 67 males with 64 deaths, and 54 females with 37 deaths.

With regard to age and race: in infants up to fourteen days old there were 34 cases, of which 13 were natives and 21 Europeans, with 29 deaths in all. From one to five years, 5 cases, 4 natives and 1 European, with 3 deaths; from five to fifteen years, 23 cases, 20 natives and 3 Europeans, with 11 deaths; from fifteen to forty-five years, 195 cases, 175 natives and 20 Europeans, with 154 deaths; from forty-five years and upwards, 23 cases, 21 natives and 2 Europeans, with 15 deaths.

With regard to season: during the winter months—namely, November, December, January, and February, this series shows 96 cases admitted, 38 from traumatic and 58 from idiopathic tetanus, with 80 deaths. The early summer months—March, April, and May—give a total of 71 cases admitted, 28 traumatic and 43 idiopathic, with 44 deaths. The months of the monsoon, or rainy season—namely, June to October inclusive—show 113 cases, 53 traumatic and 60 idiopathic, with 88 deaths. The minimum of admissions was in July and the maximum in December.

With regard to the etiology of this series of 280 cases, I have been able to trace the history of 117 of the idiopathic, and in 94 of the traumatic to note the nature of the injuries giving rise to the disease. The various causes, with the number of casualties from each, are as follows:

1. Exposure to cold and wet	47
2. Menstruation, pregnancy, and abortion	29
3. In infants under fourteen days old	23
4. In persons suffering from fever, dysentery, general debility, and privation, in whom there is no distinct history of exposure	24
5. Injuries	94

Nature of Injury.

(*a*) Wounds of all varieties	35
(*b*) Machine injuries	23
(*c*) Contusions	13
(*d*) Burns and scalds	6
(*e*) Compound fractures	17

The duration of the disease will be ascertained from the following record of 212 fatal cases:—

	Cases fatal.
Within two days	88
From two to five days	41
From five to ten days	26
From ten to twenty-two days	23
Above twenty-two days	34

With regard to treatment, the records give evidence of trial of every known remedy, but the plan notably in use in all the medical and obstetric wards has been by free purgation and the administration of such anodynes and antispasmodics as chloral, morphia, and atropia, given by the mouth and subcutaneously, opium in combination with ammonia, Indian hemp, belladonna, potassium bromide, and Calabar bean. Opium-smoking has been largely tried in the obstetric wards. Quinine and other preparations of cinchona found place in the chronic cases. In the surgical wards, the removal of irritant particles, stretching of nerves, and amputation have been resorted to for the relief of the traumatic form, in addition to the already named medicinal means.

Results.—There were 68 cures in 280 cases, or 14·16 per cent. Of these 53 were among the idiopathic and 15 among the traumatic. In subjects under fourteen days old, the recoveries were in the proportion of 1 to every 6 cases; from one to five years, 1 in every 2·5 cases; from five to fifteen years, 1 in every 2 cases; from fifteen to thirty-five years, 1 in every 5 cases; from thirty-five to forty-five years, 1 in every 6 cases; from forty-five years upwards, 1 in every 3·28 cases. After revising the notes in forty-six of the cases in which recovery took place, I do not find one in which success can be attributed to any single remedy, or any individual plan of treatment, though in most of them chloral and cannabis indica were more largely used than other drugs. The practice in which surgical operations were performed for the relief of the sufferer has been attended with most unfavourable results. In two cases the sciatic nerve was stretched for tetanus arising from wounds of the foot, in one instance the median was subjected to the same operation for disease originating in a comminuted fracture of the thumb, and in neither of these cases did abatement of the spasms or other improvement in the patient's condition attend the procedure. Amputation of the hand in two cases, of the forearm in three, and of the leg in two, was resorted to without effect.

The second series of 23 fatal cases comprises those arising after surgical operations in the wards during the years from 1869 to 1879. There were altogether during this period 2148 major operations performed in the Medical College Hospital, with 402 fatal results from all causes, among which 23, or 5·7 per cent., are attributable to tetanus, and occurred in the following instances:—

	Cases.
Excision of scrotal tumours	8
Amputation of foot and leg	7
Amputation of hand and arm	6
Excision of simple tumours	2

These statistics serve to illustrate certain facts in connexion with the general characteristics of tetanus in Bengal: how it affects the varied population, how the disorder is altered in its virulence, and the frequency of its occurrence with special reference to age, sex, and season, how it influences the results of surgery, and in what direction the efforts towards alleviation have tended. Thus we find that trismus nascentium occurs more frequently among the children of Europeans than among those of natives, for out of 34 cases 21 were Europeans, and this observation is all the more striking when we consider the comparatively small proportion the European element is among the vast native population of Bengal. Referring still to infantile tetanus, we find that it is indefinitely written about as being of the idiopathic variety; if, however, it is held that the source of irritation lies in any abnormal changes in the ligatured and divided umbilicus, then it is truly traumatic. In Mahomedan and Jewish infants in this country, however, there is no doubt in many instances as to the disease being traumatic, even though the umbilicus be free from complication. With these religious persuasions the custom is to circumcise an infant on the eighth day, and in many instances tetanic symptoms supervene upon this procedure. Thus I find in nine of the infants affected the penis was the focus of irritation to the nervous system, and in two cases the application of anodyne poultices to this part resulted in allaying the acuteness of the symptoms and in finally curing the little patients.

In adults tetanus seems equally dispersed among Europeans and natives; males were more affected than females, and in infants and adults the disease was more frequent than in children and persons over forty-five years. In women idiopathic tetanus is very frequently associated with the puerperal period and with menstruation, for in 52 females affected, 29 were either menstruating or they had just been confined at full term, or they had aborted. The majority of cases occur in the winter months, and though no season enjoys a perfect immunity, least of the cases are noted in midsummer, the maximum being in December and the minimum in July.

The general death-rate in tetanus, as shown by the statistics of the years from 1869 to 1879, is 75·7 per cent.; in the idiopathic it was 69·7, and in the traumatic so high as 83·4 per cent. The disease is certainly most fatal in the early stage, almost one-third of the cases dying within the first two days of the attack, whereas recovery may almost as surely be prognosticated after the disease has passed the fifteenth day.

Of injuries resulting in tetanus, those by machinery, compound fractures, and punctured wounds have yielded the largest proportion of cases.

The appearance of tetanus in operation cases has been attended with the most deplorable results, as in 23 cases which occurred not one recovered. It appears that operations upon the scrotum, involving much interference with the testis or cord, are peculiarly prone to the supervention of tetanus. Thus in five out of eight cases, in which elephantoid

growths were removed from the scrotal region, castration seemed necessary and was accomplished, and in all these tetanic symptoms were manifested. Another case in point was in the radical cure of hernia by Wood's operation; here the patient died of tetanus, and it was found on post-mortem examination that the spermatic cord was strangulated in the wire suture used in approximating the pillars of the abdominal ring and obliterating the canal.

Our treatment, though aiming principally at removal of the cause and the subsequent tranquillising of the nervous system, seems to border much on the domain of empiricism; for when one analyses the treatment one is compelled to confess ignorance as to the part which any single remedy may have exerted upon a fortunate occurrence, and to say that the cure seemed accidental. However this may be, the success in the treatment of tetanus in the Medical College Hospital during the years from 1869 to 1879 is even more favourable than books on the subject would lead us to surmise; and if any drugs are to be relied on favour is decidedly on the side of chloral, opium in the form of morphia, and opium-smoking. Unfortunately, nerve-stretching has not been attended with the same success in tetanus as in the case published by M. Paul Vogt, nor even with the partial relief reported as occurring in two cases which came under the treatment of Dr. Ebenezer Watson of Glasgow. Amputation has not afforded any satisfactory results, nor has division of nerve-trunks been attempted as a *dernier ressort*.

ON THE INCREASE OF CARBONIC ACID IN THE ATMOSPHERE.

AN ATTEMPT TO DETERMINE THE PERIOD WHEN THE AIR WILL BE IRRESPIRABLE.

BY T. HATFIELD WALKER, L.R.C.P., F.C.S., F.M.S.,
MEDICAL OFFICER OF HEALTH, LONGTOWN.

THE question of how long our coal-fields will last has been frequently discussed, and astronomers have endeavoured to determine the life of the sun, but the important question of how long the atmosphere will continue to be respirable has not, I believe, ever been considered. We are taught that plants, by absorbing the carbonic acid formed in breathing and combustion, &c., prevent the atmosphere becoming overcharged with this gas. Doubtless, in bygone ages, when the earth was almost covered with trees, and combustion was confined to the burning of wood, this was correct, but little consideration is required to show that this is now no longer true. We have every evidence that in primeval ages the atmosphere abounded in carbonic acid; this abundance of carbonic acid, together with the high temperature, caused very luxuriant vegetation, which rapidly fixed the carbon of the carbonic acid, giving out the oxygen. As ages rolled on this carbon, abstracted from the atmosphere, was gradually stored up in the bowels of the earth as coal, and thus the excess of carbonic acid in the atmosphere became decreased until the latter became capable of supporting the lower forms of animal life. With the development of the higher forms of life commenced the accumulation again of carbonic acid in the air, but until the birth of man this would have very little effect. With the birth of man a very great influence is brought to bear. Man is the only animal capable of making a fire; but even his influence, so long as he continued to burn only wood, would not be very great in poisoning the air, but when he commenced to give back to the atmosphere the millions of tons of carbonic acid slowly abstracted from the air, and stored up through countless ages, he rapidly tends to bring back the atmosphere to its original condition. It appeared to me that it would be very interesting to endeavour to make some guess as to the influence on the atmosphere of the enormous quantities of carbonic acid which are thus yearly added to it. Not only is this a question very interesting from a speculative point of view, but if the consumption of coal continues to increase as it has done during the last twenty years, it will soon become a question of practical importance.

To make the subject as clear as possible I will first consider the sources of carbonic acid, and balance against them the influences which tend to decrease the amount in the air. The sources of carbonic acid are—(1) Animal respiration; (2) decay of wood plants, &c.; (3) manufactures, as burning of limestone, fermentation, &c.; (4) craters of volcanoes and caverns; (5) combustion. The first of these—viz., respiration, can have little permanent influence, for the animal only gives back to the atmosphere what has previously been absorbed by the plants on which the animal feeds. Decay also only gives back what has been previously abstracted. In the burning of limestone, also, we only return what the animals, from the shells of which the limestone is built up, have previously absorbed. The amount given out by volcanoes, &c., is too small to require notice. We have therefore only left to consider the carbonic acid evolved by combustion. The influences which tend to decrease the carbonic acid are—(1) Absorption by vegetation; (2) solution in water from which it is absorbed by shell animals in building up their shells, but we have balanced this in the burning of limestone, so we have only the influence of vegetation to consider. All cereals, grass as food, can have no permanent influence, as the carbonic acid is given back to the atmosphere by respiration. All animals also give back in their decay what they have previously stored up. The same applies to shrubs and trees, for more wood is being destroyed by burning and decay than is being formed by growth, so we see that vegetation, instead of storing up carbonic acid, is now actually increasing the amount in the atmosphere, and thus the whole of the carbonic acid given off by the combustion of coal and coal products, as petroleum, &c., is permanently added to the atmosphere.

In answer to a question Sir Henry Bessemer very courteously informs me that the amount of coal annually consumed throughout the world cannot be short of 400 million tons; this gives 336 million tons of carbon, which equals 1232 million tons of carbonic acid annually to the atmosphere, and thus a billion tons will be added in from 700 to 800 years, which will increase the amount of carbonic acid in the air from three billions, which it at present contains (the total weight of the atmosphere being 5210 billion tons) to four billions. But as the amount of coal annually consumed is rapidly increasing, probably in a single century a difference will be made which cannot fail to have a great influence on vegetation, and probably on the health of man; and there can be no doubt the air will be quite irrespirable long before the total known coal contained in the world is consumed. Professor Rogers estimates the amount of coal in America and Europe, in round figures, at ten billion tons; adding to this that of China and the rest of the world we get between twenty billion and thirty billion tons, which is equal to between sixty billion tons and ninety billion tons of carbonic acid. Even the lesser of these figures gives an increase of carbonic acid in the air equal to twenty times the amount it at present contains—i.e., it will increase it from ·04, as at present, to ·8 per cent. Dr. Angus Smith found that feebleness of the circulation was induced by breathing an atmosphere containing 0·15 per cent. when only breathed for a short time, and a much lesser quantity than this lessens the elimination of the carbonic acid from the blood, and thus produces headache, and from its retarding nutrition induces debility and other diseases. Taking these figures as correct, we see that the air will be incapable of supporting life, even when only one-sixth part of the coal known at present is consumed, and as the amount of coal is probably double this, there can be little doubt that the air will be irrespirable before one-tenth part of the available coal is consumed.

Carlisle.

ON A CASE OF

SARCOMA; PETECHIAL ERUPTION; DEATH.

BY L. W. MARSHALL, M.D. ABERD.,
SURGEON TO THE CHILDREN'S HOSPITAL, NOTTINGHAM.

I AM led to publish the following case in consequence of its peculiar termination, and because I am told by my friend Dr. Goodhart that one or two similar cases have been observed at Guy's, the cause of the rash being, as yet, not very clear.

Ada R——, aged twelve years and nine months, was admitted under my care April 13th of this year. She then complained of pain in her right thigh and back and was believed to be suffering from hip disease. On examination

I came to the conclusion that she had a collection of matter (chronic abscess) in her psoas muscle of that side. Her limb was semi-flexed and there was distinct fulness over the right sacro-iliac joint. When standing her limb was advanced and she rested on her toes. Pain was most marked, yet not severe, at the top of the thigh on the inner side. The history of the case dated from the previous summer, but she relinquished her work as recently as three weeks prior to admission. A normal temperature was recorded. The treatment was confined to absolute rest and cod-liver oil.

On April 20th in the afternoon, being in the hospital, I was called hastily to her and found her lying with the surface cold, face pallid, pulse small, clonic contraction of the muscles, first on the left, then on the right side, the hands and arms only being affected. Her legs were drawn upwards towards her abdomen, no facial distortion; she moaned, but appeared to be conscious, although she did not answer questions put to her. Urine was passed freely during the attack. Bowels not having acted for a few days an enema was ordered, which returned. Ten-grain doses of bromide of potassium were given every third hour.

Nov. 22nd: No urine had been passed and a catheter was therefore used. Eyeballs twitching. A raised rash was formed not very unlike a scarlet fever eruption, but more dusky and mottled. Its distribution on the chest was in the line of the intercostal nerves, the ribs being mapped out, and a distinctly intervening surface free from rash was noticeable at mid-sternum. This appearance was most striking on raising the patient's dress. On the abdomen the rash had extended to the umbilicus, the same middle division, but did not appear on the front of the lower part of the abdomen, excepting in the line of the ilio-inguinal nerve on either side. There was also a similar patch on the inside of the left thigh. Pupils very large, but still acting feebly to light. Left leg rigid. At 8 P.M. the head was thrown back; both legs were moved. Temperature 102·4°. Quite unconscious.

April 23rd: Pupils dilated and fixed; left believed to act very slightly. Rash now occupies the same lines of distribution previously described, but is distinctly petechial. Trunk inclined towards the left side; left angle of mouth depressed; eyes partially closed (left eye injected, and covered with a film). Catheter was again used. In the evening of this day she died.—24th: Post-mortem revealed a large growth springing from the transverse processes of the last three lumbar vertebræ, burying itself in the substance of the right psoas muscle, which was tense and expanded, anteriorily, over it. The right ureter was displaced towards the middle line and rendered "varicose." The genito-crural nerve was flattened out, and the external cutaneous and anterior crural also. Kidney on that side was unaffected; mesenteric glands enlarged; both lungs adherent over greater surface to the chest wall; no effusion; no deposits in the lung or any other organ. Brain was examined, and nothing unusual was found.

I append to this a microscopical examination which Mr. Handford, of the General Hospital, has kindly made for me: "A microscopic examination of the tumour showed it to be one of the mixed sarcomata. Portions of every section consisted of masses of large, irregularly rounded cells, about the size of a white blood-corpuscle, and containing one or more nuclei. The remaining portions presented more the appearance of a 'small-celled infiltration,' there being innumerable small round cells, about one-third the size of a red corpuscle, with a few spindle cells, in a fibrillated intercellular substance. There were no signs of degeneration, but everything pointed rather to active growth and proliferation." The case was seen by Dr. Seaton with me.

ROYAL COLLEGE OF PHYSICIANS.—The following gentlemen were elected examiners on the 27th ult.:—Chemistry and Chemical Physics: Drs. Thomas Stevenson, W. J. Russell, C. R. A. Wright, and Mr. C. W. Heaton. Materia Medica, Medical Botany, and Pharmacy: Drs. W. H. Stone, Moxon, Buchanan Baxter, and F. T. Roberts. Osteology, Anatomy, and Physiology: Drs. Pye-Smith, Allchin, Curnow, and Mr. William Anderson. Medical Anatomy and Principles and Practice of Medicine: Drs. Fincham, Pollock, Southey, and Sydney Ringer. Midwifery and Diseases peculiar to Women: Drs. Playfair, Galabin, John Williams, and Potter. Surgical Anatomy and Principles and Practice of Surgery: Messrs. Pollock, Sydney Jones, John Couper, and Alfred Willett.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CASES TREATED BY HYPODERMIC INJECTION OF PILOCARPINE; REMARKS.

(Under the care of Mr. HIGGENS.)

FOR the following notes we are indebted to Mr. Trapp, dresser in the eye department:—

CASE 1. *Detachment of Retina, with Floating Opacities in Vitreous in both Eyes.*—Catherine H——, aged thirty-nine, was first seen amongst the out-patients March 21st, 1882, and at once admitted. About nine months before, when reading, sight of right eye was suddenly reduced to perception of large objects. Vision remained about the same up to date of admission. Four months after the beginning of the trouble in the right she first noticed a fog before left eye, the sight of which got gradually worse.

On admission the right eye had perception of shadows only. The left could scarcely count fingers. The ophthalmoscope showed a very large detachment of the retina in the right eye, a detachment of the lower and outer part of the retina in the left eye, and floating opacities in the vitreous in both eyes.

March 27th:—Hypodermic injection of one-sixth of a grain of nitrate of pilocarpine. In about four minutes profuse sweating and ptyalism set in, which lasted for over an hour. The injection was continued night and morning, the patient being kept in bed. At times she complained of a good deal of thirst and itching in skin of trunk and arms.

April 3rd:—Left eye counts fingers, and can tell one from the other; reads Jaeger No. 20 at two feet doubtfully.—5th: Quantity of pilocarpine increased to one-third of a grain.—6th: Was sick after injection yesterday evening, and has had headache ever since. Pilocarpine increased to half a grain.—9th: Very sick after injection yesterday; its effects lasted nearly two hours.—11th: No further improvement had taken place; the injections were discontinued.—17th: The retinal detachment appeared to be about the same, but the opacity in the vitreous was thought to be rather less. The patient was seen some weeks later, and was then as bad as at time of admission.

CASE 2. *Detachment of Retina in Left Eye; Cataract; no perception of light in Right Eye.*—Elizabeth S——, aged forty-four, admitted April 17th, 1882. She had had two still-born children, three children born alive, all of whom died under two years of age, and two miscarriages; had suffered from ulcerated throat. About eleven years ago—immediately after the last miscarriage—the patient suffered from dropsy. At this time noticed vision becoming dim; had no pain or inflammation in the eyes; the sight failed gradually, and sixteen months before admission the right eye had become quite blind. She attended the out-patient department in February, 1882, the sight of the left eye having grown gradually worse in the last few months; the right eye was quite blind, and the lens opaque; in the left eye there was good perception of shadows; the retina was displaced at its lower part.—April 20th: Hypodermic injection of one-sixth of a grain of nitrate of pilocarpine. Profuse sweating followed shortly after, and lasted some time.—22nd: Sweating lasted two hours; complains of being faint and thirsty; says she can see better.—24th: Can see the colour of the bed-cover, also figures moving about the ward.—25th: Left eye counts fingers. Pilocarpine increased to one-third of a grain.—28th: Sight about the same. Pilocarpine increased to half a grain. The injection was discontinued on the 29th, having been given morning and evening since the 20th. The patient had been in bed the whole time.

On July 3rd condition the same as on admission.

CASE 3. *Opacity in Vitreous of both Eyes, probably Blood.*—Archibald C——, aged seventeen, admitted April

21st, 1882. Three years before some dust was thrown into the left eye; a slight attack of inflammation followed, for which he was treated at the Royal London Ophthalmic Hospital. He did not notice any failure of vision of the left eye till on one occasion the right eye was covered, when it was found that the left had only perception of shadows. The eye entirely recovered, and two years before admission into Guy's his sight was as perfect as ever. About a year before admission he began to notice floating opacities in both eyes; in sunlight the opacities appeared red. (Patient now remembers that about five years ago he suffered in a similar manner, but quite recovered.) The floating opacity in the left eye soon became fixed and obscured vision so much that only perception of shadows remained. The patient attended amongst the out-patients in November, 1881. At that time vision was the same as on admission—i.e., right eye reads Jaeger No. 1 at one foot and 6-6ths, when opacities had floated out of the way. Left eye had perception of shadows only. The ophthalmoscopic appearances were: right eye, dark floating opacities in vitreous, settling into a dark mass at the lower part of fundus; left eye, yellowish reflection from whole of fundus; retina appeared to be detached. The patient's general health was good. He did not suffer from constipation.—22nd: Hypodermic injection of one-sixth of a grain of nitrate of pilocarpine; injection followed by profuse sweating.—25th: The quantity of pilocarpine increased to a quarter of a grain; on the 28th to half a grain; on the 29th the patient complained of headache. As there was no alteration in the condition of the eyes, the injection was discontinued. He was kept in bed during the time that he was treated by the injection.

July 18th:—The patient is still under treatment. For the last month he has been rubbing mercurial ointment into the temple. The right eye varies from time to time as fresh hæmorrhages occur; but when there has been no bleeding for about a fortnight, vision is as good as on admission. The left eye remains quite blind.

Remarks.—It appears from these three cases that if pilocarpine does any good it does it within a week, and that it is useless to continue the injections longer. Its effects do not last. Cases 1 and 2 were decidedly improved, but soon relapsed. The patients objected so much to the treatment that they were not pressed to try it again; possibly the same amount of improvement would have taken place had the injections been repeated after some weeks' discontinuance. Case 3 is a good instance of a class of cases which unfortunately are not very uncommon—i.e., repeated bleedings into the vitreous humour occurring in young adult males, against which treatment seems almost powerless, and which end sooner or later in total blindness.

THE QUEEN'S HOSPITAL, BIRMINGHAM.

SUBPERIOSTEAL RESECTION OF HIP-JOINT FOR CHRONIC HIP DISEASE; FRACTURE OF FEMUR DURING OPERATION; CURE; REMARKS.

(Under the care of Mr. WEST.)

JAMES P——, aged thirteen, was admitted into the Queen's Hospital on Oct. 2nd, 1881, in a feeble anæmic state, suffering from advanced hip disease on the left side. The limb was shortened two inches, adducted, and the knee flexed, very painful when moved; there was evident muscular atrophy. A sinus existed over the great trochanter leading to carious bone, and an abscess was forming over the anterior superior iliac spine. The disease began six months previously (as he states), from carrying heavy baskets of goods for a grocer. He had previously been in hospital for three months, and relieved by rest and extension. The same treatment was employed, good diet, cod-liver oil, and syrup of iodide of iron being also given. No improvement, however, resulted, but the hectic symptoms and exhaustion rather increased. Mr. West on Dec. 3rd resected the joint by a single straight incision, preserving as much as possible the periosteum. In turning the head of the femur through the skin wound considerable force was required to break down the adhesions which had formed between the femur and the dorsum ilii, close to the acetabulum, and while an assistant was using the lower end of the femur as a lever, with a view of turning the head out of its new socket, the femur was broken about the middle. This accident at the time rendered the excision of the head of the femur rather difficult; but, strange to say, it did not militate against the ultimate success of the case. The operation was performed antiseptically *minus* the spray, and the limb was put up with an extension apparatus after an interrupted splint had been applied along its outer side.

On Jan. 4th, 1882, the antiseptic dressing was discontinued and the wound dressed with sulphate of copper lotion.

On Feb. 2nd, a starched case was applied to the limb. The fracture seemed to have united, and the line of incision was healed except at one or two points.

On March 6th a Thomas's splint was applied, and the patient was sent to the Convalescent Home for Children at Solihull, where he remained till the beginning of June, steadily improving in health and gaining increased power in the thigh. The limb is now only an inch shorter than the sound limb, although it was two inches less before the operation. There is much deposit of new bone, and the site of the fracture can now scarcely be made out.

Remarks.—Professor Sayre, in his excellent practical work on Orthopædic Surgery (p. 290), alludes to the occurrence of fracture of the femur in the operation of resection of the hip, if care and gentleness are not employed in using the femur as a lever. This case is a further proof of the necessity for such care in dealing with bone that is weakened by disease, but it also teaches us that when fracture does unfortunately occur, the result, both as to length and strength of the limb, may be all that could be desired. It confirms the views enunciated in THE LANCET annotation of July 1st, 1882, on "Lengthening of the Femur after Division," *à propos* of the specimen shown by Dr. Moore at the recent meeting of the American Medical Association, in which "an interval between the fragments of more than an inch in length was completely filled with new bone."

BOOTLE BOROUGH HOSPITAL.

SEVERE INJURY TO RIGHT FOOT; NECROSIS OF METATARSAL BONES; OPERATION; CURE; REMARKS.

(Under the care of Dr. C. SWABY-SMITH.)

FOR the following notes we are indebted to Mr. Chas. A. McLean, M.B., house-surgeon.

J. H——, aged forty-three, seaman, was admitted on Dec. 29th, 1881, suffering from an injury to his right foot, which he sustained while engaged in one of the Cunard boats repairing the sails on one of the masts, from which he fell. He was attended by the ship's doctor previous to admission.

On examination there was found what appeared to be fracture of the metatarsal bones. Sinuses had formed on the inner and outer aspects of the foot, which altogether presented disorganisation of its constituent joints and bones. Dr. Swaby-Smith made a careful exploration of the parts, and found necrosed bone, more especially in the metatarsal aspect of the great toe. He left the parts alone for two days, when, on re-examination, the probe revealed disintegrated bony structure, which ended in the formation of pus, and its consequent extravasation along the muscles and synovial structures. The patient was anæsthetised (chloroform having been administered), and Dr. Smith made an incision over the metatarsal joint of the great toe, and removed about half of this bone. The subsequent local treatment consisted in the application of carbolic oiled (1 in 10) lint to the part, with pressure on the plantar aspect of the foot, and careful attention to cleanliness, the foot having been bandaged from the toes upwards. The outer aspect of the foot, which presented a sinus, and from which fragments of necrosed bone which had gradually worked their way to the surface had been removed, steadily showed signs of repair. Sinuses had also formed between the great and second toes, and between the fourth and fifth. From these pus came at first in considerable quantity, originating from the plantar aspect of the foot; for when pressure was applied here the matter was obviously finding an exit in the regions already mentioned, and also over the sinuses which existed in the metatarsal bones of the great and small toes on the dorsum of the foot. The dressings of carbolic oiled lint were, a fortnight subsequent to operative procedures, changed, nitric acid lotion (half a drachm in eight ounces of water) having been substituted. His diet on admission was ordinary; but he got milk and beef-tea diet on Jan. 24th, 1882.

The patient made rapid progress, the sinuses healing up, new bone having been thrown out; although now a little pus was to be seen working its way between the great and second toes, which with pressure on the plantar aspect of the foot with a pad of lint, daily dressing, and syringing with carbolic lotion (one in forty) and careful bandaging, was suppressed. When discharged and made an out-patient, on April 25th, 1882, the foot presented a healthy appearance, both sinuses having healed—i.e., those over the dorsum of the foot; and dry lint dressing was substituted for the lotion. His ankle-joint was not involved in any way during his treatment here, every movement of the same being effected with moderate fairness. Latterly a mixture containing iron and arsenic was ordered him.

Remarks.—This case illustrates the good results produced by time, in conjunction with pressure, careful attention to cleanliness, dressing, and the removal of all sources of irritation from the part. At first, on patient's admission, the foot presented such a disorganised appearance that it was doubtful whether it could be saved, amputation through the ankle-joint being the question then discussed. Fortunately enough for the poor fellow, whose occupation is a seaman, his foot has been saved; he is now able to walk on it, and presents himself here from time to time, proud of his once useless foot.

GOCULDAS TEJPAL HOSPITAL, BOMBAY.

CASES OF ELEPHANTIASIS OF SCROTUM.

(Under the care of Surgeon-Major T. CODY.)

THE following cases continue the report begun in the "Mirror" on July 29th, 1882.

CASE 2. *Elephantiasis of Scrotum and Penis; Removal by Operation; Tetanus; Death.*—A Mussulman priest, aged forty, was admitted with a large elephantoid tumour, enveloping both scrotum and penis. The patient was very stout and flabby, and had led a lazy, indolent life. He stated the tumour was of some eighteen years' growth, and that latterly he had been subject to periodic attacks of fever, accompanied by a tense painful feeling in the growth. He was detained in hospital for a week before the operation was performed. On being brought under chloroform it was found the penis was imbedded in the tumour, and could not be drawn forward. The index-finger of the left hand was passed down the opening till the glans was felt. A strong scalpel was passed along the finger, and an incision made upwards which exposed the glans. It was then seen that the prepuce was healthy, and it was carefully separated by a circular incision from the adjacent unhealthy surface. The penis was then seized; dissected out and reflected upwards. An incision was now carried downwards and outwards on the right side, and the fingers were used to search for and free the right cord and testicle. A large hydrocele was discovered in the right sac, which was evacuated by a free incision. The right testicle being found to be completely atrophied, it was excised and the cord secured. An incision was then carried from the commencement of the former and from the root of the penis, downwards and outwards on the left side to the extent of five or six inches. It was found that on this side and on the back of the tumour there was much more healthy integument than on the right side, and as much of it as possible was preserved to form a flap. There was a hydrocele also on the left side, but somewhat smaller than the right, which was evacuated, and then the testicle, which was found healthy, was reflected upon the abdomen. The incisions were now made to meet at the back of the tumour, and its substance was divided by a Catlin. There was very free hæmorrhage, which was controlled in the manner referred to in the former case, and fine vessels had to be ligatured. In addition, the surface of the wound oozed considerably—a circumstance attributed to the plethoric habit of the man. The testicle was next brought down, and fixed in the centre of the wound by passing through its outer covering three of the wire sutures used to bring the edges together, which came excellently into apposition. About half an inch at the lower end of the wound was left free to admit the ready exit of the discharges, but the remainder was closely brought together up to the root of the penis. The only covering left on the penis was the healthy prepuce, and this was tied back by three sutures to the subcutaneous tissue, so as to act as a point from which granulations and a healing process might start. The whole surface was enveloped in carbolic dressing, and the man removed to bed. The dried mass of the tumour, after it had oozed away for some time, weighed exactly 13 lb., and it was calculated that the escaped fluid weighed as much more. For the first twenty-four hours there was some oozing, which stained the dressings, but this passed off, and everything progressed most favourably till the eleventh day after the operation, by which time all the sutures and ligatures had been removed, and the discharges, which were all through healthy, were very slight. At the morning visit on this day the patient complained of stiffness of the jaws. Full doses of chloral, with stimulants, were prescribed, but without the effect of staving off the spasms, which came on next day. Nothing could be noticed in the wound to account for this setting in of tetanus; and it may be remarked that all through its course till the patient's death the wound continued to heal day by day, so much so that at the end the penis, which had been completely denuded, was more than three-parts covered with new integument. All the known remedies were tried, but nothing was found to give so much relief or to stave off the spasm so effectually as large doses of chloral and brandy.

Thirteen days after he first complained of stiffness of the jaws, and twenty-four after the operation, he died in strong spasm, which seemed to arrest the respiration.

CASE 3. *Elephantiasis of Scrotum; Removal by Operation; Recovery.*—A Hindoo, native of Madras, aged thirty-seven, had been labouring under the disease for five years. The patient was a very thin, unhealthy, cachectic-looking man, and on admission was found to have a tumour enveloping the lower part of the scrotum only. It was very angry and inflamed, showing patches of sloughing on the surface, and was accompanied by hectic. Although the patient was in a very low state, operation was decided on, as it was thought that his low hectic condition could be best treated by the removal of what was too evidently its cause. The tumour, which weighed only three pounds and a half, was removed with the right testicle, which was found extensively diseased. There was sufficient flap left to cover the left testicle and to allow of the edges being brought into apposition over it. The healing in this instance was very slow, and a large abscess formed along the course of the right cord, after its ligature came away, and had to be laid open. This discharged freely for about a fortnight under poultices, and eventually closed up, after which the wound took on a more healthy action.

About seven weeks after the operation the wound had perfectly healed, and the man left the hospital much improved in every way.

Reviews and Notices of Books.

Manuel d'Hygiène Industrielle. Par Dr. HENRI NAPIAS. Avec Figures. Paris: G. Masson, éditeur.—The formidable volume before us will become a useful book of reference not merely for French readers, but for all who can read French. The work is truly cosmopolitan in its character, and in this will be found at once its principal utility and originality. Dr. Napias divides his subject into three sections: First, General legislation affecting all industries, such as Factory Acts; secondly, the workshop and manufactory, and the classification of industries according to the risks involved to public health; thirdly, the materials employed, the great industrial poisons, lead, phosphorus, &c. In each of these sections we have put before us not merely the French law, but extracts showing any particular feature of the laws of the various European Powers. Thus in the first section we find that while the French law displays great solicitude on behalf of the proprietors of houses situated in the neighbourhood of unwholesome manufactures, nothing is said on behalf of the workmen employed in these trades. The Belgian law of the 29th January, 1863, seeks to mitigate all mischief affecting "either the workmen employed or the neighbours of the factory." In the Swiss law, which is given

in full, the condition of the workmen is taken into consideration in almost every schedule. The Prussian law gives the authorities both instructions and the power to protect the lives of workmen, and insists on the efficient ventilation of factories. In this analysis of the various laws of Europe, the English Factory Act holds a prominent and unique position as the only law that insists on the necessity of good drainage, and gives some details as to what measures should be adopted to secure this end. On the other hand, the French law is the most perfect in Europe in so far as the classification of unwholesome industries is concerned, and their division in three categories. In this respect the French law has served as a model to many other countries, and has been imitated notably by Portugal and Belgium, though Dr. Napias gives a list of industries classified in Belgium and not in France, and *vice versâ*. Under the same section we have an analysis of all the laws regulating the work in factories of women and children in France, England, the various States of Germany, Austria, Denmark, Spain, Holland, Switzerland, &c. This compilation will be of the utmost use to the sanitary reformer, the legislator, and the medical officer. The experience thus gathered, spreading over many hundred pages, is too complex to render a summary possible within our limited space. But we may note, in passing, one important feature of the Austrian Sanitary Act of 1876, which commends itself to imitation by all nations. According to Article 82 of this enactment, all Austrian employers are compelled at once to report any case of contagious disease that may occur among their workpeople. Those who are aware how often the manufacture of clothes is the means of spreading disease will appreciate the value of this enactment. The Swiss law has also a peculiar feature, by which, when rules affecting the management of a factory are about to receive official approbation, the workmen are to be called upon to express their opinion and move amendments. In the second section of Dr. Napias' book we have many useful details as to the contamination of watercourses by the residue from factories, and the various measures that have been adopted in different countries for the mitigation of the evil. Then follow details as to the ventilation of factories, the dangers of mining, and the measures to prevent accidents from the use of machinery. The third section treats in a similar manner all that relates to the poisonous substances employed in various industries, and we have not only the laws of all countries affecting the same, but some account of the inventions destined to modify the dangers, and a summary of the opinions expressed by some of the best authorities. There are also a few illustrations that are of considerable assistance to the reader. Lastly, we have in the latter part of the volume a sort of dictionary of substances used in manufacture, or trade, their classification, the legislation affecting the same, and general suggestions as to what dangers may arise and how they can best be avoided. This dictionary, which takes up nearly two hundred pages, is most useful for facilitating prompt reference. Indeed, Dr. Napias may be congratulated on the thoroughly practical and complete character of his work. It is also written with scientific disregard of that patriotic vanity which is a weak side in the French character. There is no attempt to extol France or to conceal the superiority of the legislation of other countries. Dr. Napias, whom we know personally to be one of the most patriotic of Frenchmen, has understood that the production of a strictly correct and impartial work is the highest of all tributes, and the best means of winning for French scientific literature a prominent position in Europe. Finally, we might mention that, as Government inspector of factories and unwholesome dwellings, Dr. Napias is especially qualified for the task he has undertaken. Dr. Napias is also the Secretary-General to the French Society of Public Medicine and Professional Hygiene, Corresponding Member of the Belgian, Italian, and Russian Sanitary Societies, Knight of the Legion of Honour, and Officer of the French Academy.

Lock Hospitals and Lock Wards in General Hospitals. By FREDERICK W. LOWNDES, M.R.C.S., Surgeon, Liverpool Lock Hospital. London: J. and A. Churchill. 1882.—The purport of this pamphlet is to give information as to the history and work of the existing lock hospitals and wards, and in that way to show how very deficient this special form of hospital accommodation is in London, and nearly all other large towns. Mr. Lowndes has not attempted a complete justification of these institutions, but he points out that all of them relieve the suffering of innocent as well as of vicious people. In Liverpool the Lock Hospital was originally a part of the infirmary, and is now under the management of the committee of that institution, and Mr. Lowndes is so well satisfied with the working of this plan, that he strongly advocates its adoption in other towns. He believes that a separate hospital is far better than special wards in a general hospital for these particular patients, but, owing to the great difficulty everywhere experienced in supporting them as independent institutions, he strongly urges that they should be provided and managed by general hospitals. Unfortunately many general hospitals are already so pressed for funds that they will not feel encouraged to undertake fresh responsibilities.

A Handbook on Diseases of the Skin, with especial reference to Diagnosis and Treatment. By ROBERT LIVEING, A.M., M.D. Cantab., F.R.C.P. Lond., Physician to the Department for Diseases of the Skin at the Middlesex Hospital, &c. Third Edition, revised. London: Longmans, Green, and Co. 1882. — In the first edition of this popular and well-written handbook, published in 1878, Dr. Liveing made it the feature of the work to draw attention specially to the differential diagnosis of the various diseases. The usual detailed descriptions of the symptoms—e.g., of eczema, were avoided as far as possible, when not bearing particularly on the diagnosis. The excellence of the book was at once recognised, but it was felt that its value would be still further enhanced if the author extended its scope and included the subject of treatment. This Dr. Liveing carried out in the second edition, indicating the special treatment best adapted for each particular disease, and adding a very useful chapter on the therapeutics of skin diseases generally. This necessitated some further remarks on etiology, and the addition of about one-third to the bulk of the book. The third edition has been carefully revised, and we can cordially recommend it as a thoroughly sound, clearly written handbook, with the distinctive features we have pointed out.

Archives Italiennes de Biologie. Vol. I., Parts 1 and 2. Turin: Hermann Loescher.—We desire to bring under the notice of our readers a new journal with the above title, which has just appeared under the direction of Professors C. Emery and A. Mosso, and which is intended to place before the world the results of Italian research. It is thought by the editors that many of the memoirs published in Italian are practically overlooked in consequence of the language in which they are written being familiar to but few of the workers in biology. They have therefore, we think wisely, adopted the French language, which is more widely read and understood. It is intended that the new journal should appear every two months at the rate of thirty francs per annum. The first two parts have already appeared, and contain some excellent papers. Some relate to anatomy, others to physiology, and others again to the application of biological research to the diagnosis and treatment of disease. The numbers before us are well printed, and will, we do not doubt, prove of great service in bringing Italian researches into more general notice.

The Botanical Atlas. A Guide to the Practical Study of Plants. By D. M'ALPINE, F.C.S. Parts I. to III. London and Edinburgh: W. and A. K. Johnston.—The object of this handsome work is to assist beginners in botany by showing them pictorially every part of the structure of the leading forms of plants. It cannot fail to be of great use to the student who, with the plant before him, employs the Atlas as a guide to show him what to observe; whilst in such subjects as those illustrated in the second part—viz., the bacteriæ and desmidiæ—he will have to rely mainly upon the illustrations for his instruction. Properly employed the pictorial method is a valuable means of education, and worth many pages of text-book description. The author of this Atlas has already published a "Biological Atlas" and a "Zoological Atlas," each of which has been much appreciated. From the careful manner in which this Botanical Atlas has been planned and the admirable execution of the plates, it will doubtless be held in as high estimation as the former works. Without entering into details we may content ourselves at present with indicating our approval of a work which should do something to enhance the attraction that botany naturally has for lovers of nature and science. Each part contains four large plates, and the work is produced at a very moderate cost.

L'Année Médicale, 1881. Paris: E. Plon and Co. 1882.—This is the fourth year of this useful publication, which is produced under the editorship of Dr. Bourneville, assisted by the younger school of writers, some of whose names are already well known in literature. The great difficulty in all such summaries is to limit the extent over which analysis should extend, and, so far as one can judge, the work has been done here with a fair amount of discrimination. It will be observed that many of the papers abstracted in the volume were communicated to the International Congress—evidence of the important position which the proceedings of that Congress took in last year's scientific work. An innovation in the plan of the volume appears this year in an appendix containing brief memoirs of some of those who died during the year, together with a summary of the chief reforms in medical education and hospital management in Paris, in several of which the energetic editor has himself taken a prominent part.

THE NUREMBERG MEDICAL CONGRESS.

THE above Congress was to have assembled this year at the Berlin Hygienic Exhibition; but the recent destruction of that building, together with the opportune invitation of the local association of Nuremberg, decided the presidential body to select the latter city for the meeting. An additional reason for doing so was the fact that the Bavarian Exhibition contained many objects of medical and sanitary interest, so that the members of the profession who attended the Congress would derive some practical benefit from their visit to South Germany.

In his opening address Dr. Graf of Elberfeld referred to the advantages derived from controversy on disputed points of theory or practice, which associations like the present encouraged. He called attention at some length to the relations of the State to the medical profession, which are at present, it would seem, in a somewhat unsatisfactory position. Legislation has been proposed in reference to various professions and callings, and medicine seems, according to the Government scheme, to receive but scant courtesy, doctors being in some provisions of the statute bracketed with theatrical managers and tavern-keepers. The main object of the recent Congress was to elaborate a scheme which could be put forward as an amendment to the Government proposals, and as representing the general opinion of the profession as to questions of medical organisation, the value of which principle is admitted.

The discussion which took place on the various proposals laid before the Congress was carried on with warmth; and some of the motions put forward were to a certain extent modified before being accepted by a majority of those present. While paying regard to the rights and privileges of the profession, considerable attention was given to the discussion of the duties to the public which are incumbent upon its members in connexion with social as well as sanitary questions.

It was decided to send delegates to this year's Natural Philosophy Congress at Eisenach; and prospective arrangements were made for the discussion at next year's Medical Congress, as a principal subject, of the best means of applying Imperial legislation to counteract the spread of epidemic disease. On that occasion it is also contemplated to discuss the prolongation of the existing time of probation for intending practitioners.

The resolutions adopted referred to five main topics, with reference to which numerous detailed suggestions were agreed to.

Admission as a Practitioner.—It was decided that any measure bearing on this point ought to be submitted by the Government to the medical profession through its representative body; also that the use of non-German titles of Doctor of Medicine should not be allowed without the permission of the respective Governments.

Duties and Rights of the Profession.—Under this head the independence of medical men as to the right to regulate their charges was asserted; as also the exclusive right of duly qualified medical men to official appointments, whether under Government or of a municipal character. The Congress approved of the compulsory registration by medical men of the occurrence of infectious diseases within the scope of their practice, and of gratuitous certificates of cause of death being obligatory. The principle was also accepted that the State has a right to claim in sanitary matters the active co-operation of medical men, a suitable allowance being made for the loss of time and personal trouble thus incurred.

Representation of the Profession.—The detailed controversy which took place under this head does not seem to have led to a settlement of the vexed question, whether universal suffrage amongst medical men, or the voting of those belonging to recognised associations, should be the principle adopted in the election of the national and provincial medical boards, which would officially represent the profession in questions affecting its relations with the various Governments. The resolution adopted inclines towards a certain amount of local option being allowed in each country or province under this head.

Tribunals of Honour.—It was resolved that the right of exclusion from the various associations should be vested in a tribunal elected from amongst the members, with the right of appeal on the part of anyone brought before that body to a higher tribunal, also composed of medical men. The latter authority, likewise, would have jurisdiction as to matters affecting medical men who might not be members of any association. The object of these provisions is probably to render groundless the claims which the State has put forward as to the right of suspending in certain cases medical men from the exercise of their professional functions.

Medical Certificates for Insurance Companies.—The extension of the various forms of life and accident insurance which is now being encouraged by the Imperial Government has, it would seem, imposed duties upon the medical profession which, being exercised for the protection of insurance companies from fraudulent claims, should be the object of special remuneration by them. It was resolved that the attention of the medical associations of Germany be called to this matter, to which it is proposed to devote more attention at the Congress of 1883.

The Berlin *National Zeitung*, in referring to the addresses of Dr. Graf, Dr. Merkel (of Nuremberg), and other speakers, alludes in a friendly spirit to the appreciation which exists in Germany of the value and necessity of medical co-operation in the work of sanitary reform, and expresses the hope that the claims of the profession to due liberty in their action and in their internal organisation will be fully recognised in any legislation proposed by the Imperial Government.

ON the 1st inst. a meeting was held in Queen-square, Bristol, to promote a movement for the erection of an international hospital at Washington in memory of the late President Garfield.

THE LANCET.

LONDON: SATURDAY, AUGUST 12, 1882.

THE degree to which the various phenomena of the cardiac contractions depend upon nervous mechanisms, or upon peculiarities in the function of the muscular tissue itself, is a subject on which opinion has been widely divided among physiologists, and is not yet altogether settled. Spontaneous rhythmical action seems to depend on the nervous ganglia, since only those parts of the frog's heart which possess such structures go on beating if isolated. But the apex of the heart, in which no ganglia can be demonstrated, can be excited to rhythmical contraction by stimuli, as the constant current and the influence of an alkaline solution—a fact which seems to demonstrate that rhythmical action cannot, after all, be entirely due to visible nervous structures. There is, however, one part of the heart, the bulbus arteriosus, in which, when isolated, contractions may occur, although no ganglia have been found in it. A mechanical stimulus excites in it a series of contractions. MUNK has therefore assumed that ganglia must exist in the bulb although they have not been discovered. LÖWITT has recently searched afresh for any ganglionic structures which might explain these contractions. In the greater part of the aortic bulb he could find none; only at one spot in the superior segment of the bulb he found a mass of nerve-cells which may be called the bulbar ganglion. It is invisible to the naked eye, but is situated at the point at which the two arteries emerge. This structure receives nervous filaments from the external coat of the bulbus arteriosus, and they present ganglionic cells in their course. It is probably by these fibres that the bulbar ganglion is connected with those of the auricle and ventricle. LÖWITT, indeed, believes that fibres from this ganglion pass directly to the muscular fibres of the ventricle, without passing through BIDDER'S ganglion, and that stimulation thus passes from the bulbus arteriosus to the ventricle, and thence to the auricle and the sinus. This is the order in which the effect is manifested, and is invariable, as long as the ventricle is intact. A connexion between the bulbus arteriosus and the auricle can only be by nerves: there is no continuity of muscular tissue from one to the other, since they are entirely separated by connective tissue. The nervous connexion between the two is, however, demonstrated by the passage of a stimulation from one to the other after the whole of the ventricle has been removed.

If BIDDER'S ganglion is removed, the heart, as ECKHARDT has shown, stops, but soon recommences its pulsations. Stimulation of the pneumogastric then causes an arrest of the heart in diastole. There must therefore be another communication between the vagus and the muscular tissue of the heart besides the chief path through the sinus, the interauricular septum, and the ganglion of BIDDER. AUBERT assumed that the pneumogastric fibres were directly connected with the ventricular muscles, but this theory is rendered unnecessary by the discovery of the bulbar ganglion. Of the various collections of nerve tissue in the heart the most considerable is the auricular ganglion; that of the sinus venosus is next in size, then come BIDDER'S ganglia, and, lastly, the bulbar ganglion. According to LÖWITT the cells of this are unipolar, like those of the spinal ganglia.

An opportunity of observing the effect of stimuli applied to the human heart, such as was afforded by the celebrated case submitted to royal experiment two hundred years ago, is necessarily extremely infrequent. A somewhat similar case has, however, lately occurred in Germany, and has been examined by ZIEMSSEN. A woman, forty-five years of age, suffered from an enchondroma, which occupied the greater part of the anterior wall of the thorax. The removal of the tumour left an opening into the left half of the chest, eleven centimetres long and nine wide, at the bottom of which were seen the two ventricles of the heart, and part of the left half of the diaphragm. If the heart was touched with the finger, each normal contraction of the ventricles was followed by a second of shorter duration, involving both ventricles, even when one only was touched with the finger. Compression of both femorals, and of both subclavians, had no other effect than to lessen the frequency of the cardiac contractions. Direct stimulation with the faradaic current did not modify the frequency or the rhythm of the contractions, and caused no sensation. Stimulation with the voltaic current caused, however, a distinct contraction of both ventricles. Moreover, when the positive pole was applied to the heart, and the circuit was closed, there was a considerable acceleration in the frequency of the contractions, from 80 to 100. A strong current caused a peculiar sensation not distinctly localised, but no actual pain.

The power of rhythmic contraction of the isolated apex of the heart is manifested under the influence of an alkaline solution, and is therefore supposed to be excited normally by the stimulus of the alkaline blood. The mode of action of such a stimulus has been experimentally studied by LÖWITT, by tying the ventricle on a manometric cannula, after having removed BIDDER'S ganglion. If an alkaline solution is passed through the heart, it responds to a stimulus by a series of contractions, but without the solution only a single contraction is produced. The composition of the solution, and the pressure under which it is injected, both influence the result. The cessation of the rhythmical contractions appears to be due, not to the loss of the ability to contract rhythmically, but to the cessation of the stimulus, for the contractions recur when the stimulation is renewed. The longer the alkaline solution has remained in contact with the heart, the slighter is the intracardiac pressure which suffices to renew the contractions, and the longer is their duration. The mode in which the alkaline solutions act has also been investigated very carefully by MARTIUS, who comes to the conclusion that their influence is merely to enable the heart to utilise the residue of blood and serum which may remain in its substance and inner surface. When all nutritive substances of this kind have disappeared, the alkaline solution of chloride of sodium has no more influence than an acid solution. Solutions of peptone, caseine, egg-albumen, syntonin, myosin, mucin, glycogen, and milk, are also without effect, while blood, serum, lymph from the thoracic duct, and sero-albuminous liquids may re-establish the cardiac irritability.

Underlying the effect of the stimuli which evoke contractions is the remarkable fact that they are rhythmical, and this seems ultimately to depend on a peculiarity of the muscular tissue. According to MAREY there is a periodical variation in the excitability by a stimulus. He has shown that in the course of a revolution of the heart of a frog or tortoise, the organ passes successively through two conditions. During the contraction it is insensitive to stimuli, which a little later, during the period of relaxation, cause a new contraction intercalated in the series of rhythmical beats. The excitability is very slight during contraction, while it is far greater and gradually increases during the period of relaxation. DASTRE has lately shown that this is true, not only, as MAREY affirmed, of the whole heart, but also of the isolated muscular tissue of the apex. Not only does the excitability progressively increase during the diastolic period, but it lessens during the course of the systole. This character seems to explain the mysterious fact that discontinuous movements may result from continuous excitation experimentally produced, although in the case of the organ under normal conditions the most potent stimulus, intracardiac pressure, varies in its degree so as to constitute an intermitting stimulus. It is interesting to note that the period at which the stimulus is most intense during the systole, in which it is no longer needed, is that at which the sensibility to it is least. The effect of the varying intracardiac pressure in producing the rhythm is beautifully shown by an experiment of DASTRE, in which he connected together two separated hearts, one of the tortoise, the other of the frog. The pressure was raised in one by the contraction of the other. The point of the ventricle of the frog's heart contracted with the rhythm of that of the tortoise, while the base, with the auricles, maintained its own rhythm. Pressure is effective only when applied to the interior of the heart. External pressure has no influence. It thus appears to be the mechanical distension which is the active agent, and it may be that the excitability increases during the diastolic period, partly at least in consequence of the progressive increase in the degree of distension.

Another interesting fact observed by MAREY is that if the normal rhythm of the frog's heart is disturbed by provoking, artificially, a new contraction, after each systole thus provoked there is a compensating pause of such a length as to restore the normal rhythm. DASTRE has investigated the question whether this is to be ascribed to the nervous mechanism of the heart or to the muscular tissue. He finds that while true of the whole heart, it is not true of the apex, and he therefore concludes that the compensating rest is due entirely to the intracardiac nervous structures.

THE growth of wealth must lead to the steady growth of consultation as a feature of medical practice, and the growth of medical science and art must render the questions to be determined in consultation increasingly grave and delicate. The specialisation of work in medical practice is to some extent an inevitable necessity, and it gives rise to questions of treatment in which the ordinary parties to a consultation are necessarily very unequal. Were an ophthalmic or a gynecological authority of fifty years ago to take part in a consultation now as to the expediency of iridectomy or sclerotomy in glaucoma, or of ovariotomy, or of oöphorectomy, or for the removal of the pylorus in cancer, he would be much perplexed. In regard to some of these procedures, he would be too much puzzled with the morality of them to take an unbiased view of their advantage. Respecting questions arising over ordinary and every-day cases of disease, it must be admitted that the general practitioner holds his own pretty well. If he be a thoughtful man and a careful observer of what he sees, he enjoys an enormous advantage. The continuous observation of cases—not only of cases, but of families in which cases arise, of the habits of the adults, of the diatheses of children, of personal idiosyncrasies, and of general social circumstances—gives him a fund of knowledge which cannot but be most valuable for purposes of advice and therapeusis. Such a practitioner will never be ignored by a good consultee. Both parties are the complement of each other. They will be only thankful for each other's special knowledge, and anxious to throw it into a common consultation for the elucidation and cure of the patient's disease. Differences of opinion respecting either treatment or diagnosis are not likely to occur, and if they do arise are capable of easy adjustment. It is in regard to new procedures and lines of treatment that ethical questions of some difficulty are likely to arise. The occasional triumphs of bold surgery are so astounding that sanguine practitioners or physicians are in danger of requiring the surgeon to go too fast or too far in the use of surgical means. The surgeon in such a case has himself to blame. He is no longer the mere mechanic that he was considered to be when the Colleges of Physicians would not admit to their Fellowship one who insisted on retaining the qualification of a College of Surgeons. In these days eminent surgeons vie with eminent physicians in their knowledge of collateral science, and they lay it under contribution to the perfecting of surgical proceedings. The surgeon has no excuse if he has not power to form an independent opinion even in a medical case, or if in such a case he allows himself to be the mere instrument in an operation of which he does not fully approve. He cannot relieve himself of responsibility for opening an abdomen, or removing a kidney, or for puncturing a pericardium with no fluid in it, simply by representing that he acts at the request of another practitioner. We shall yield to none in admiration of the triumphs of careful antiseptic surgery. But the very brilliance of these triumphs makes it more necessary to revert to the ethical principles which should regulate the surgeon in attempting them, and in attempting to reduce the fatality with which they are too often qualified. These ethical principles become more important than ever for the guidance of the surgeon on the one hand, and for his protection on the other. What are these principles? The first is that he himself should be fully satisfied of the justifiableness of the course he is about to take, and of the probability that it will conduce to the good of the patient and to the credit of the healing art. The second is that if there seems much doubt about the matter he should explicitly say so and represent the prospect of a cure as a possibility, and not a probability, to the patient and his friends, and to the general practitioner. Where the procedure is very risky or unusual, or mutilative, it is clearly desirable that not only the consent of the friends, but that of some authority equal to the operator should be required. We do not say that this is

indispensable. Some of the best surgery now practised had to be begun under the frowns and denunciations of the authorities of the day. But it is extremely desirable, and for want of it one great reputation in surgery collapsed terribly and properly. The times are liberal. There is no disposition to adopt finality notions of what surgery or medicine can do or should do. On this account it is only reasonable that where surgery places life in danger which is not already endangered, and contemplates a permanent and serious mutilation, it should act with caution, with conviction, and with a consensus of opinion.

IT is with great satisfaction that we already begin to see the fruit of our endeavour to press the truth about sewer-gas on public attention cropping up both at home and abroad. Brighton is, ill-temperedly it is true, and we fear awkwardly and expensively, but nevertheless after a fashion—stirring itself. Let us hope that when the folly of an irascible and misguided moment has been recognised and abandoned, the authorities of London-super-Mare may be reasonable and accept the counsel, instead of resenting the remonstrance, we have addressed to them. We claim to have been their true though candid friend in this matter; and the time must come, sooner or later, when they will themselves perceive this fact and recognise that our sole object has been the purification of a "health-resort" in which, on public grounds alone, we have a lively interest. Meanwhile there are abundant evidences that what we have written on the subject of sewer-gas and sewer ventilation, *à propos* the special needs of Brighton, has produced results far more extensive and salutary than even we had contemplated. Despite the ridiculous attempts made by some of our lay contemporaries to appease public anxiety, by representing the gaseous emanation from sewers as innocuous if not absolutely healthful, it is beginning to be recognised that the great practical disadvantages of the "main-drainage" and "intercepting-sewer" system, whenever and wherever adopted—namely, the accumulation and return of sewer-gas—must be overcome before the requirements of public health can be held to have been absolutely satisfied.

The necessity of the crisis in sewerage reform is to devise and adopt some efficient mode of ventilation, by which the vapours and gaseous products of decomposition given off by the sewage in its passage through the common sewers may be destroyed, or, if that be impossible, carried harmlessly away. Closed pipes must and will retain, and, under certain conditions, return their vaporous and gaseous contents, unless these are removed by a special system of ventilation. Open gratings in the streets of a populous district are not simply nuisances, but traps for the unwary. So far from the assertion that a "whiff" of sewer-gas is not poisonous being true, it is a painfully well-known fact—indeed it is a matter of common observation—that a purely casual inhalation may produce a peculiarly marked effect. In regard to this, as to other poisons, it often happens that the victim of the evil influence is the person who has been for the shortest time and to the least extent exposed to it. It is so even with an odour. The dwellers in foul air become so habituated to it that they do not perceive the stench that nauseates a chance visitor. That this rule of tolerance applies to poisons is so notorious that we can only marvel that it is not generally admitted. It is, however, a matter of little moment what may be said or written in apology for or defence of the *status quo* as regards sewer ventilation.

It is an incontrovertible fact that sewer-gas is poisonous; and the only question should be, By what method or means are we to get rid of it? We have no special leaning to—and certainly no sort of interest in—any particular "system." It is obviously necessary to discharge the gas as far as possible *out of* the respired atmosphere, and consequently it cannot be right to ventilate the sewers directly into the streets. This is a simple common-sense conclusion. No question of the dilution of the poison by admixture with the air can possibly come into consideration where the open grating system is adopted, because the pedestrian, or, if the grating be near an open window, the house occupier, inhales the mingled gas and vapour as it rises from the grating. It may not be perpetually given off, but it makes its way out—probably in gusts—as the varying distribution of heat in the system of sewers and the relative temperature of the external atmosphere may determine. The only rational plan of procedure, as it seems to us, is to ventilate the sewers by pipes rising above the level of the adjacent houses, so that it may mingle freely with the higher strata of the atmosphere, and become oxidised. No one who has had any practical experience in ventilation *ought* to be ignorant of the fact that the atmosphere is stratified by the zones of heat and consequent currents that traverse and intersect it. Even in a room some twenty feet square and thirteen feet high, there may be three or four practically distinct strata of the contained atmosphere, and a vapour or gas introduced at one level will not *quickly* rise or fall to another. The law of the diffusion and admixture of gases is easily suspended by conditions of local temperature and the play of jets of cold air. Just as mists and fogs may roll on the ground, become entangled by trees, be interrupted by the reverse current of air over a river, or hang suspended over tracts of land which are not yet affected by their presence; so sewer-gas may be disseminated through certain strata of the atmosphere, and neither be diluted by, nor affect, other strata, for an appreciable period of time, quite long enough to bring other conditions into operation, and render its ultimate disposal—the unexpected. The only sensible plan of dealing with a noxious gas or vapour is to destroy it locally where it is generated, or, failing that, to disperse it at a higher level. This is the course of procedure we have recommended in dealing with sewer-gas, and to that recommendation we adhere. The objection that such a discharge is difficult, because, when the sewers happen to be of a different temperature from that of the higher strata of the atmosphere—which is generally the case—a down-current may be set up in the ventilating pipes, is not worth discussing, because in practice the difficulty can be easily got over by employing pipes of different heights, the lowest always reaching above the roofs of the houses, the highest opening at a much greater altitude. When several pipes so arranged are connected with the same system of sewers, it will scarcely ever happen that even for a moment the outpour is interrupted. The discharging orifices lie in different strata, and with the protection of cowls the currents of the atmosphere act in a

way that is found to be compensatory. This is, however, a matter of detail. We only allude to it in passing to note the recognition of a difficulty which has been pointed out, and at the same time to indicate that there is a remedy close at hand.

Our immediate object is, we hope, in a fair way of being attained, and we are glad to know that much collateral good has been done by the discussion in which we have been involved. Everywhere and among all classes of the resident population attention has been aroused, and many extensive and costly measures have been taken to remedy evils which were previously overlooked. There are two points we would again, and more strongly than heretofore, press on the notice of the public: First, the system of ventilating by street gratings *must* be finally abandoned. In some parts of the metropolis the condition of matters in this respect is most unsatisfactory. Second, it is useless to trust to the ordinary traps for disconnecting house-drains from the sewers. This last-mentioned matter is within the control of every householder. Properly constructed disconnecting chambers should be fitted to every house. The present season, when families are leaving town, is, so far as London is concerned, a timely one to have this limited and not very costly measure of safety carried into effect. We venture to hope our suggestion will not be unheeded.

AMONG the many improvements of modern times in connexion with military operations, the provision of hospital-ships for the reception and removal of the sick and wounded of troops on active service deserves special notice and commendation. On the outbreak of the war with China in 1850, two large steam-ships, the *Mauritius* and *Melbourne*, were fitted out as hospital-ships, with every requisite for the efficient treatment and accommodation of the sick and wounded. The plan of the special fittings and the general arrangements necessary for the service on which they were to be employed were prepared and carried out under the supervision of the late Deputy Inspector-General HENRY MAPLETON. The results were so satisfactory, and the advantages arising from this provision for the sick and wounded so manifest, that when the Ashanti campaign was undertaken at the end of 1873, H.M.S. *Victor Emanuel*, a wooden screw steamer of upwards of 5000 tons burden, was selected for a hospital-ship, and was fitted up, under the supervision of Dr. MARSTON, at that time assistant in the Sanitary Branch of the Army Medical Department, for the reception of six sick officers and 250 men. Among the improvements made upon the arrangements of the previous ships was the introduction of a laundry with a patent steam washing-machine, drying-room, and store-room for soiled linen, and an ice-machine capable of making 4 cwt. of ice daily. The *Victor Emanuel* was deemed by the medical officers to be a complete success, and was of great value to the numerous sick and to the wounded in the campaign. As we lately stated, two hospital-ships are to be sent to Alexandria. One of these has been fitted up for the purpose in the Albert Dock, under the supervision, so far as the hospital arrangements are concerned, of Surgeon-Major MOORE. The vessel is the *Carthage*, one of the largest of the Peninsular and Oriental Company's screw steamers, and of 5100 tons burden. She will afford accommodation for twenty-four sick and convalescent officers and for 220 men, besides the medical staff and duty men of the Army Hospital Corps and the ship's crew. Of the men, 80 will be provided for on the main and 140 on the lower deck. The Staff will consist of six medical officers and one quartermaster, three sergeants, one corporal, and twenty-four privates of the Army Hospital Corps. Accommodation has also been provided for four lady nurses. Surgeon-Major FERGUSON has been appointed senior medical officer in charge. The arrangements of the hospital portion of the ship seem to have been very carefully considered, and to promise favourably for the comfort and welfare of the sick and wounded. Abundant means of ventilation have been provided by windsails, punkahs, and Edmonds' system of ventilating tubes, in addition to the inlets afforded by the portholes when weather permits. The baths have all been fitted with pipes to supply fresh water when deemed necessary instead of salt, and have the usual steam-pipes for heating the water. There is an ice-making machine on board capable of producing 2 cwt. daily, and we understand there are also two similar machines to be landed for use on shore. The *Carthage* takes out an abundant supply of hospital comforts. She has not been fitted with a laundry like that of the *Victor Emanuel*, which we think is to be regretted; it is believed, however, that there will be no difficulty experienced in getting the washing done on shore, and, except on the passage out and home, the vessel is never likely to be more than a few days out of harbour. A tank has been fitted up on board in which any clothing requiring disinfection can be placed and thoroughly treated either with boiling water or with disinfectants, of which there is an abundant supply on board in the form of Condy's fluid, carbolic acid, and chloride of lime. Five and a half tons of ice have been taken on board for use, if required, until the ice-making apparatus has been set in operation, and to preserve the meat and other provisions for the outward voyage. We understand that the utmost harmony has prevailed among all the parties engaged in fitting out this vessel, and that the Admiralty have shown a most praiseworthy desire to carry out the wishes of the Medical Department to the utmost extent of their powers. We sincerely trust that the results may prove as satisfactory as those obtained on the two previous occasions.

Annotations.

"Ne quid nimis."

HEALTH OF ENGLISH HOLIDAY RESORTS.

AT this holiday season the Registrar-General's annual table of mortality statistics in the principal watering-places and health resorts has considerable interest, not only for holiday makers, but also for the authorities of watering-places competing for the favour of the public. The Registrar-General's Quarterly Return just issued contains the mortality statistics for the three months ending June last, relating to 46 seaside and inland watering-places. These statistics afford trustworthy indications of the recent health and sanitary condition of these holiday resorts. It has not unfrequently been objected that these statistics do not always relate to the precise boundaries of the different watering-places. This is so far true that the area of the registration district or sub-district taken to represent the watering-places is in most cases larger than the watering-

place itself. The Registrar-General points out that as the population of the health resort is more urban in character than that of the surrounding district, the inclusion of the latter should in most instances favourably affect the mortality statistics. It has been asserted, however, that the opposite result is thus sometimes produced. There can be no question, however, that the holiday visitor of a watering-place is distinctly interested in the sanitary condition of a larger area than the arbitrary limits of the urban sanitary district, especially as regards zymotic fatality. The mortality statistics of the forty-six English watering-places during the last quarter were exceptionally favourable. The mean annual death-rate of the population of these watering-places, estimated at about a million, did not exceed 16·8 per 1000, the zymotic rate being only 1·72. Compared with the rates prevailing in the whole of England and Wales, and also in the rural districts, the mean watering-place rates indicate satisfactory general health, and freedom from zymotic fatality.

THE EGYPTIAN EXPEDITION.

THE past week has witnessed the despatch of the Hospital Ship *Carthage*, of eight field hospitals, and the 1st Bearer Company of the Army Hospital Corps, to Egypt. H.R.H. the Duke of Cambridge, accompanied by the Director General of the Army Medical Department, made an inspection of the *Carthage* on Tuesday last, and expressed himself greatly pleased with the arrangements for the sick and wounded. On the main deck, which is lofty, well lighted and ventilated, the sick are berthed in large iron swinging cots, each provided with a small head table and a punkah. The ports are large, and, except in unusually rough weather, will be open. The lower deck, which is also lofty, is intended for convalescents; here the ordinary ship canvas swinging cots are slung, the men's mess tables being fixed to the deck underneath. Excellent cabins for sick officers, a cheerful day-room for them, in addition to the ordinary saloon, numerous baths, lavatories and closets, have been arranged with much forethought. The dispensary has been specially fitted up by Messrs. Savory and Moore. The medical staff consists of Brigade Surgeon H. Fergusson, Surgeon-Major C. Maunsell, Surgeon Western, Captain of Orderlies Joseph, 27 non-commissioned officers and men of the Army Hospital Corps, and four Sisters from the Netley Nursing Establishment. The medical officers and men of five Field Hospitals embarked on board the *Carthage* on Thursday for conveyance to Egypt. Brigade Surgeon Veale and Surgeon-Majors Macdowell, Warren, Tanner and O'Leary in charge of each, with six medical officers and a quartermaster of the Army Hospital Corps attached for duty.

Brigade Surgeon W. Jackson, C.B., having been appointed to the personal staff of Sir Garnet Wolseley, left for Brindisi, on August 4th, to join the Commander-in-Chief of the expedition. Dr. Jackson was attached to Sir Garnet's staff during the Ashantee and Zulu campaigns. Surgeon-Major F. Howard has left for Egypt in medical charge of the troops in the *Viking*. Brigade Surgeon A. M. Tippets, and Captain of Orderlies Andrews, Army Hospital Corps, have been ordered to Gozo to form the base hospital on the island.

The 2nd Field Hospital left Portsmouth in the *Pelican* on August 5th, Brigade Surgeon Oliver Barnett, C.I.E., in charge, with Surgeon-Major A. Robinson, Surgeon I. W. Beatty, Surgeon Lyons, Lieutenant of Orderlies Howell, and thirty-seven non-commissioned officers and men of the Army Hospital Corps.

The *Marathon* embarked at Portsmouth on August 5th the 1st Bearer Company, under Surgeon-Major S. K. Ray. The Company went out complete as to men and equipment; the officers attached were Surgeon-Majors R. C. Hickson, J. Shaw, Surgeons Lucas, Addison, Captain of Orderlies L. Gorman, and Lieutenant of Orderlies Marshall; one Warrant officer and 143 non-commissioned officers and men of the Army Hospital Corps. No. 3 Field Hospital also sailed in the *Marathon*, the *personnel* being Surgeon-Majors Beath, Troup, Surgeons Anthonisz, Mitter, and Lieutenant of Orderlies Enright, with thirty-seven non-commissioned officers and men of the Army Hospital Corps.

Captain of Orderlies Osborne, Army Hospital Corps, left Liverpool in the *Capella* on August 5th for Egypt.

We understand that the dress of the medical officers in Egypt will be as follows:—Frock and trousers, blue serge; helmet white, with dun-coloured puggaree, with black line twisted through it, and blue veil; forage cap, Glengarry, with departmental badge.

THE UNION OF NERVES.

M. GLUCK, not long ago, suggested the use of Neuber's "ossein" drainage-tubes (composed of decalcified bone) as a means of promoting the union of divided nerves. His attempts were, however, not successful. M. Vanlair has lately repeated the experiment, avoiding as far as possible any conditions which might have interfered with the results in Gluck's cases, and he has been more successful than the Berlin surgeon. At the first attempt he obtained, in four months, the regeneration of a nerve filament no less than five millimetres in length. From other experiments he has arrived at the conclusion that it will be possible to reproduce nerve segments of almost any length. The details of the operative procedures are not described in M. Vanlair's paper, which was communicated to the Académie des Sciences, and is chiefly occupied by some facts which, proceeding in this manner, he has ascertained regarding the process of regeneration of nerves. These facts corroborate the conclusions of Eichhorst, Ranvier, and Helin, that the regeneration is by a process of peripheral budding. He has also ascertained that a partial restoration of muscular activity, correlative to an anatomical regeneration of the nerve fibres, may occur a long time before the return of cutaneous sensibility. The new growth always commences in the marginal zone of the fasciculi, and only reaches very slowly the axial bundle. Hence the conclusion is drawn that the efficient cause of the proliferation is not the direct irritation due to the division, but the inflammation which spreads from the sheath in consequence of the injury. The maturation of the newly formed fibres proceeds from the periphery towards the centre; the inferior half of the intercalated segment resembles the normal type of structure much more closely than the superior half. The relations which Vanlair has traced between the new segment and the peripheral portion of the nerve are as follows. A distinct fasciculus in the inferior part of the segment may pass through the junction, and then emerge as an altogether independent nerve, to ramify in an adjacent muscular mass. Other bundles pass along the dissociated fasciculi of the peripheral portion without penetrating into their interior, so that a section presents two distinct circumscribed portions, one constituted by young, living, almost microscopic fasciculi, directly continuous with those of the intermediate segment; the other composed of larger fasciculi with degenerate fibres, belonging to the old peripheral segment. Another part of the fibres of the intermediate portion separate and are lost in the connective tissue which forms a swelling at the junction of the old and new portions. Lastly, a small number of new fibres enter the fasciculi of the degenerated fibres, and pass either into the empty Schwann's sheaths or into the interstices between them, and can be traced for a certain distance from the point of section. Thus the peripheral end seems to be the channel for only a limited number of the new nerve fibres, and to constitute rather an

obstacle to the regular progress of the new elements. These observations, if accurate, seem to show that it is a mistake to endeavour to bring closely together the extremities of divided nerves. What is necessary is that the regenerating nerve should be enclosed in some limiting structure such as a Neuber's tube.

LIVES CAST AWAY ON THE MOUNTAINS.

IT is time to speak out plainly and enter an earnest protest against the miserable waste of human life which seems to be involved in mountaineering. No possible good can be done by climbing the Alps for mere pastime. When a scientific object is in view the risk of life may be justifiable, but nothing can excuse the reckless venture which has no better purpose than the gratification of a caprice or the indulgence of a small ambition. It is not a very great or grand thing to be able to scale the slippery sides of high mountains. The pains incurred, the strength expended, and the skill displayed in surmounting the difficulties of a feat of this description, might be bestowed on many a more useful enterprise. We are not animated by any home-sick or craven sentiment in making this assertion. We know how to appreciate deeds of daring, and can sympathise with those who take pride in manly exploits, but we fail to see the point or purpose of "mountaineering." It is not even as nearly related to *possible* usefulness as ballooning, because it is just conceivable that some day the aeronauts may discover a way of turning their art to practical advantage; but *climbing*, in the Alpine sense, is at best a piece of pure pastime, and often involves a sacrifice of life, as in the recent miserable accidents, which we all deeply regret. A young man engaged in the study of medicine is the last victim to this futile form of desperate enterprise. We will not trust ourselves to speak farther of the matter. It is too terrible to write or think about. A valuable life cast away on the mountains; a career which might have been one of usefulness to humanity blighted! The subject is one of humiliating interest, the "accident" a matter of profound regret.

OCCLUSION OF THE EXTERNAL AUDITORY MEATUS.

DR. ORR has recently recorded three cases of occlusion of the external auditory meatus which have occurred in the practice of Dr. S. Sexton of New York. In the first case, a man, aged thirty-nine, who had previously suffered from occasional otorrhœa and tinnitus aurium on taking cold, fell from a truck and cut his left temple and ear. This caused great swelling of the whole side of the head, and an abscess formed in front of the pinna, which was opened. Six weeks after the accident, when he came under Dr. Sexton's care, he complained of deafness in the left ear, vertigo, especially on rising quickly, very distressing tinnitus, and a sense of fulness in the ear. The orifice of the auditory meatus was found to be occluded by a dense integumentary membrane, except for a minute aperture at the upper and back corner, which just admitted a small probe. Through this aperture a small blunt-pointed tenotome was passed, and a ring of the skin a quarter of an inch in diameter was removed. Blood and inspissated pus were evacuated, and two days later "a firm wad of cotton-wool, thoroughly saturated in the secretions in which it was found," was removed, and "normal hearing was at once restored." The patient knew nothing of the introduction of any wool into his ear since he was thirteen years old, but the plug was evidently of more recent date than this. The meatus was dilated at first by a speculum and then by plugs of cotton-wool, and all aural symptoms subsided. The second case was similar in that it occurred through injury. A man, aged sixty-two, gave the history that when a boy he was trodden on by a horse, and his left ear severed from the skull. It was cleansed and replaced, and ultimately firmly adhered. But it was not quite accurately adjusted, being placed too far forwards: the opening of the meatus was quite closed by tegument, the lower portion of the auricle seeming to cover it. A tiny sinus opened in front of the tragus, and through this some thin matter and wax could be occasionally squeezed. By firmly pressing on the skin over the meatus the man experienced a bitter taste in the mouth, and there was slight tenderness over the mastoid process. The third case presented itself in a young girl aged thirteen, who had suffered for many weeks with discharge from the right ear. To prevent the child scratching the auricle, she was kept in bed lying on the inflamed ear. "This caused an adhesion of the raw parts about the margin of the concha." When seen, the external auditory canal was completely closed by a diaphragm of the common tegument, situated about the junction of the cartilaginous and osseous portions of the canal, slightly concave and very smooth. Should any signs of middle ear mischief arise, Dr. Sexton intends to open the canal without delay.

PRACTICAL CLASSES IN SCOTLAND.

WHILE much is said and written (in the south) with regard to medical education and examination, it appears that a complete change in the curriculum of the Scotch universities is being quietly, and almost without comment, effected. By means of practical classes the student's work has been much increased, and the requisite expense has been almost doubled, and this without more than a passing word in the University Court, as each teacher asks that his course of practical instruction should be recognised or rendered obligatory on the part of the student. The full force of this change will be more evident if an examination of the subjects now taught practically be attempted. These are not all as yet compulsory, but the student somehow understands that even when not so his chance of success at his examination is materially assisted by the information obtained at the class, while others fear that offence may be given to the professor if they abstain from such attendance. The practical classes now organised in some or all of the Scotch universities are these:—Anatomy, Physiology, Chemistry, Botany, Natural History, Materia Medica, Toxicology, Midwifery, Surgery, and Pathology, in connexion with the regular classes, while the name is legion of those less regular, and conducted by lecturers on special subjects. These last, too, become more necessary every year, as the ordinary subjects get overgrown and unfit to be coped with in the time allotted to them. Nor can we look for any decrease in the practical department of teaching. To meet these extra facilities the examinations for the M.B. degree have recently been divided, so that they may be taken at four, instead of three, periods, as heretofore it was found that all the extra teaching did nothing to reduce the number of those who were unsuccessful in their examinations. In consequence of the amount of work, it is now customary among the best students to take five or six years to complete the curriculum, while many of those who attempt to finish in the usual period of four years get so frequently remitted, as well as disorganised in their succession of classes, that they ultimately find themselves behind their less hopeful brethren. It appears hard that poor students should be overweighted, as they must now be, by extra classes, extra fees, and other expenses; but the supply of candidates continues so great that it does not seem likely to unfavourably affect the public interest were the curriculum extended to six, or at least five, years, while it is certain that this would not be more than enough for the ordinary student to obtain a fair acquaintance with the extensive field he requires to culti-

vate. While increased value is very properly given to practical work, attention might profitably be directed to the question of curtailing the number of lectures compulsory in some of the more easily demonstrated subjects. In some way the amount of classwork must be lessened, or the period of study must be lengthened. There are other matters which may with advantage be considered in this connexion.

ORIGIN OF THE OLFACTORY TRACT AND STRUCTURE OF THE OLFACTORY LOBES.

SIGNOR GOLGI, in the last part of the "Archives Italiennes de Biologie," states that he has made a series of sections through the olfactory lobes, with a view of determining the connexion of the cells and strands of the olfactory lobes. He finds that there is in man and mammals a superficial layer, continuous with the tractus olfactorius, which gradually becomes thinner posteriorly and stretches towards the gyrus hippocampi; a thicker layer of grey matter, rich in ganglion cells; and a layer of nerve fibres, not very clearly defined from the deeper layer of ganglion cells with which they are connected. He maintains that two kinds of nerve cells exist in the grey substance of the lobi olfactorii—one set the processes of which divide into extremely fine fibrils, and are lost in the delicate plexus of the neuroglia, and a second set the fibres of which, though they divide and subdivide, yet preserve their individuality. The fibres of the tractus olfactorius sometimes curve away from their longitudinal course and enter the superjacent grey matter obliquely. The deeper fasciculi of the lobus olfactorius may be traced to the corona radiata, and some, perhaps, into the anterior commissure. Some of the nerve fibres of the olfactory tract originate in the plexus of fine nerve processes of the lobi olfactorii, but are not directly continuous with the ganglion cells of this region. Other fibres, again, are directly continuous with the processes of the ganglion cells.

WHAT HINDERS NOTIFICATION OF INFECTIOUS DISEASE.

WE direct attention to a letter in another column, entitled "Notification of Infectious Disease." It bears not on the main question of the expediency of requiring notification of cases of infectious disease to be made to the sanitary authority either by the medical man or by the householder, but on some of the consequences of letting into the secrets of practice the representatives of the sanitary authority. We are not familiar with the local Act under which the nuisance inspector acted in this case, but if he were acting within its powers it must be a remarkable piece of legislative work, and confer on the inspector gifts as well as powers enough to make the plodding practitioners of medicine envious. The case is this: The town concerned is one in which the Notification of Infectious Disease Act is in force. Under it our correspondent, a medical man, had certified on June 6th to the medical officer of health that F. W—— was suffering from scarlet fever; thereupon, on June 6th, the nuisance inspector visited the house and forbade the patient's father, a cabdriver, plying for hire, but offered him work in the town's service, which he was unable to perform. On June 18th, twelve days from the certification of scarlet fever, and only about six days from the commencement of the infectious process of desquamation, the nuisance inspector gave leave to the father—who was all the time living and sleeping in the infected house—to resume driving his cab! When the medical man called on the 20th June he found his work very much taken out of his hands. The sanitary inspector had supplied a prescription for a disinfecting oil with which the patient was to be rubbed. The medical practitioner naturally felt indignant at such interference, and wrote accordingly to the Sanitary Committee without receiving any answer from it. The inspector, indeed, called and explained that the prescription was the work of the officer of health, and that it was left under the impression that the doctor had ceased his attendance. We are strongly of opinion that the time has come to acknowledge the right of the sanitary authorities of a community to know the existence and general circumstances of any cases of infectious disease that may occur in the midst of it, and to take steps for the protection of the healthy. This is the inevitable tendency of all recent sanitary legislation, and the merest prudence on the part of a civilised community. Clearly this cannot be done without the aid, direct or indirect, of medical men in attendance on the patient. How this should be secured it is not our present purpose to inquire. But we direct attention to the above case as a typical example of the way in which it is not to be secured, and of the harm that will be done if sanitary inspectors are to be allowed to act with medical despotism, to take away liberty and to restore it, to prescribe, and to ignore the experience of the profession in regard to the duration of the periods of risk in infectious disease. Such a system is not more intolerable to the profession than it will prove delusive to the public.

PNEUMATIC DRAINAGE.

A NEW system for the protection of houses from the infiltration of sewer gas, and the disposal of town sewage, has been introduced at Paris and Lyons by M. J. B. Berliez, civil engineer, and former director of the Compagnie des Vidanges, of Lyons. An illustration of this new system can now be seen in working order at the barracks of the Pépinière, Boulevard Malesherbes, where a thousand soldiers are quartered, and with the permission of M. Berliez we were able to examine every detail of the process. Underneath the closets the old cesspool has been emptied, thoroughly cleaned, and converted into a cellar. Here we found M. Berliez's apparatus. From each closet above a pipe communicates with an iron cylinder or dram. Within this first receptacle there is an iron basket which will retain a hard substance, such as a brush, or even an infant if thrown down the drain. The detection of crime is thus facilitated, and the obstruction of pipes rendered impossible. A portable handle, affixed from the outside, is used about once a week to impart a strong rotary motion to this basket; the presence of any hard substance is then detected by the sound, and any accumulation of softer substances macerated and driven out. From this first receptacle, and by natural gravitation, the liquefied sewage flows into a second iron receptacle placed close at hand, within a yard or so. A large ovoid floater occupies the greater part of the space within, the pointed end fitting hermetically an opening at the bottom, where the pneumatic suction keeps the floater in its place. It is not till the receptacle is almost full of water that the floater is able to disengage itself from this suction, and, rising, enables the sewage to escape by passing under the floater into the pipes, where the pneumatic suction carries it away. This suction is produced by a steam-engine situated in the suburb of Levallois-Perret, and the iron pipes, placed within the main sewers, communicate not only with the Pépinière barracks, but with several private houses, and with a depôt at the Place de la Concorde, where the contents of many cesspools are brought and emptied. The total distance is 4600 metres. It is, therefore, on an extensive scale that the experiment has been tried and so far has worked well, giving rise to no sort of nuisance, and instead of allowing sewer gas to ascend house drains, drawing it, on the contrary, away. It is proposed to place these apparatus under all the houses of Paris instead of cesspools; to draw by pneumatic action all the sewage to depôts situated in the open country outside

Paris, and there pump it forward distances varying from ten to fifty miles, where it may be used either to irrigate farms or be precipitated and converted into solid manure. It is calculated that the sale of this manure and an annual tax of £2 8s. for every house where the system is applied will cover working expenses and yield a large profit. This tax would be an economy on the present cost of emptying cesspools, and the sanitary advantages secured would be an inestimable benefit. The principal objection to the system, so far as its application to towns such as Paris is concerned, rests in the fact that the iron used for the pipes must corrode under the action of sewage matter, and the slightest leakage would cause a total collapse of the whole system. Careful, constant supervision and prompt repairs would be indispensable. Then, the avoidance of nuisance depends on the frequent usage of the closets, as fermentation would set in if the receptacles were left half full for a few days. Families leaving home would have to carefully flush their closets the last thing before their departure; for though each house would be thoroughly protected from sewer gas, it would not be protected from any noxious gas arising within the receptacles. Fortunately these receptacles are very small, and must, in ordinary households, be frequently and automatically emptied during the course of the day; so that, generally speaking, there would be no time for mischief to arise.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

THIS Association held its thirty-seventh annual meeting on August 2nd, at Glasgow. The retiring president, Dr. Hack Tuke, vacated the chair in favour of Professor Gairdner, the president for the year. The attendance of members was satisfactory; and several visitors, including Dr. Scott Orr, President of the Faculty of Physicians and Surgeons, were present. Dr. Orange, of Broadmoor Criminal Lunatic Asylum, was nominated as president-elect; and it was agreed that the next meeting should be held in London. Drs. Ingalls of Ghent and Blanch of Paris were made honorary members. Members were cordially invited to neighbouring Scotch asylums, and several days were in this way spent most pleasantly by many of them. Professor Gairdner delivered an able address on the increasing connexion between the so-called specialism of the asylum physician and scientific medicine. The hearty thanks of the meeting would show that a responsive chord had been struck in the minds of members, while Professor Gairdner's election to the chair was deemed another proof of the sincerity and width of their views. Further, thanks were voted to the Faculty for the reception the Association had met with at their hands that day, as well as for liberty to the West of Scotland Branch to meet quarterly under their roof. Afterwards a delightful trip by special steamer to Tarbert was enjoyed, the members dining together on board.

A BLOOD DIET FOR THE HERBIVORA.

THE fact that all animals, even the herbivora, are at first nourished on a diet of milk, which must be considered as purely animal, led M. Regnard to suggest that an animal diet might be employed with advantage at a subsequent epoch in their history. The idea is not new, but attempts to verify it by, for instance, feeding horses on meat, raw or cooked, invariably failed in consequence of the disgust which this diet occasioned. It occurred, however, to M. Regnard that an animal substance might be utilised—certainly highly nutritious, of which tons are wasted weekly—viz., blood. The problem was how to present it to the animal in such a form as not to occasion disgust. The blood was heated to 100° C., and the coagulum thus obtained was pressed and rapidly dried in a stove, and then powdered in a coffee mill. It was found to keep well, and to be destitute of odour and of taste, and was given mixed with other food in doses varying from ten to eighty grammes daily. The experiments were made on lambs which had been abandoned by their mothers. Three lambs were kept on the ordinary diet of beetroot, hay, &c., and to three others the powdered blood was given. The first steadily lost flesh, while the latter increased to three times the original weight, and connoisseurs declared that they had never seen such fine lambs of the same age. The animals surpassed their fellows which had been suckled by their dams both in weight and size, and their coat of wool became doubled in thickness. Experiments of the same kind are now in progress with calves, and promise to be as successful as the others. It will certainly be a matter of high importance if the vast amount of nutriment now almost entirely wasted can be thus utilised. The saving of milk in rearing calves, for instance, would alone be a most valuable item. It appears that this system of alimentation is applicable also to man. In the case of a rickety child of eighteen months the results are said to have been most encouraging.

DEATHS UNDER CHLOROFORM AND ETHER.

TWO inquests have recently been held in the central district of Middlesex upon persons dying when under the influence of an anæsthetic. The first case was that of a male patient, aged forty years, who was about to be operated upon by Mr. Coulson in St. Peter's Hospital, Berners-street, for stricture of the urethra. After two drachms of chloroform had been administered by the house-surgeon, the patient suddenly ceased to breathe and died in a few minutes. A post-mortem examination was made by Dr. A. J. Pepper, who stated that the heart was undergoing fatty degeneration, but that all the other organs were healthy. The deceased had not led a very regular life, and was at times addicted to intemperance. The second case was that of a woman, aged fifty-three years, who was admitted into the Middlesex Hospital suffering from cancer of the uterus, which caused obstruction to the bowels. Stercoraceous vomiting occurred three days after her admission. Mr. Henry Morris decided to perform colotomy, and a mixture of chloroform and ether was administered by one of the resident medical officers. After the patient had been inhaling for two or three minutes, she began to vomit, and then suddenly appeared to be choking and ceased to breathe. In both cases the usual efforts for restoration were continued for some time, but without avail. Verdicts of death from misadventure were returned by the jury.

PLASTIC SPLINTS IN SURGERY.

DR. SAMUEL N. NELSON, of Boston, U.S., has published in the *Brooklyn Annals of Anatomy and Surgery* a careful paper on the use of Plastic Splints in Surgery. He describes the various kinds of plastic splints in use, with the exception of the varieties of felt, and the mode of application and special features of each. The chief object of the paper is to commend the plaster-of-Paris splint as the best of all—the cheapest, safest, and most reliable. The material recommended for the bandages is "the cheap bleached cotton cloth used for printed calico, before it has received the dressing. It is then free from the vegetable oil with which each fibre was covered, and has not received the filling of earthy and starchy compounds necessary to give the firmness required in finishing, and is equivalent to the surgeon's absorbent cotton." Dr. Nelson is a decided advocate of the treatment of recent fractures—simple or compound—by the plaster-of-Paris splint, and he gives abstracts from the reports of several American surgeons showing the great success of this plan when applied to cases of fracture of the femur. He considers this treatment not only suitable for all fractures of the bones of limbs, but also for fractures of the spine, ribs, and clavicle.

EXCISION OF THE KNEE-JOINT.

MR. P. J. HAYES has published in the *Dublin Journal of Medical Science* a table of his cases of Excision of the Knee, and in connexion with this table has described his mode of operating and treatment. He makes the usual incision across the front of the joint, divides the lateral ligaments at once, and is careful not to cut the structures uniting the bones behind. To avoid this he divides the crucial ligaments by cutting downwards on to the tibia, and in removing the ends of the bones he saws from before back and not quite through the bones, breaking through the posterior part, and then peeling the soft tissues off the fragments to be removed. The splint he employs is a metal bracketed back splint, the leg piece being an inch anterior to the thigh piece. In addition he has a short splint over the front of the thigh, and this he fastens on very firmly, so as to press the femur backwards and maintain it in exact apposition with the tibia. The leg piece he affixes by plaster-of-Paris, which is continued over the ankle, and so a metal foot-piece is not required. The knee-joint is fully exposed, and can be dressed antiseptically, or in any way preferred by the surgeon. Mr. Hayes's cases numbered fourteen; of these eleven recovered with good useful limbs; in the other three amputation was performed, in one case because the bones could not be kept in apposition; in one case on account of want of repair and phthisis, and in the third from what appears to have been septic diarrhœa; the last two cases died. With this experience Mr. Hayes is fully justified in speaking favourably of excision.

SPOONS IN THE INTESTINE.

MR. SAMUEL KOHN in the *Medical Record*, New York, July 22nd, relates a remarkable case in which a patient suffering from melancholia, with intercurrent attacks of mania, was removed from the asylum with symptoms of peritonitis; vomiting; pulse 120; temperature 102·5° F.; a pale, anxious countenance, &c., with general abdominal pain, but special tenderness over the right iliac region. Such attacks recurred and subsided alternately over a period of five weeks, partial obstruction occurring four times. The patient said she was "rotten inside," and could not possibly live. One day the mother of the patient came to the doctor's office and said that, that morning, in the fæces of the patient, which she had regularly examined, she had found a long, hard, spindle-shaped mass of fæces, encased in glairy mucus. Examination revealed the edges of several spoons protruding from the mass. Softening and breaking it up she found it to contain three teaspoons, which the doctor found to have every appearance of having lain lengthways in the intestine for a long time, the concavity of one fitting into the convexity of another. All abdominal symptoms disappeared. The patient declared that she swallowed them all in one day with the intention of thus ending her existence.

INFLUENCE OF LIGHT ON VISION.

M. CHARPENTIER has been engaged in a series of researches to determine the quantity of light requisite to enable the eye to distinguish between two luminous points. He finds that with equal illumination and for the same distance the visibility of luminous points is directly proportional to their surface or to the square of their diameter. That with equal illumination and when of equal size the visibility of luminous points is inversely proportional to the square of their distance from the eye; and, thirdly, that when the luminous points are of equal dimensions, and at the same distance from the eye, their visibility is directly proportional to their illumination. The eyes were in all the experiments exactly accommodated to the distance of the objects, and were free from astigmatism.

DR. DUTRIEUX, the Belgian explorer, who was residing at Alexandria at the time of the bombardment, and during that trying period, when half the city was in flames, calmly pursued his work in the Egyptian Government Hospital, has been rewarded by the Khedive with the title of Bey, and the appointment of Physician-in-Chief to the Hospital. Dr. Dutrieux, in a letter dated July 20th, says: "I have escaped the massacres perpetrated by the criminals and Bedouins let loose by Arabi Pasha against a defenceless population. My house has been burnt and pillaged. As medical officer of the Government Hospital and of the European Hospital, my professional duties detained me in Alexandria, which I have not quitted for a single minute."

WE regret to learn that an accident of a painful and serious, though happily not of an alarming, nature has befallen Dr. F. J. Mouat, who a few days ago sustained a transverse fracture of the right tibia and fibula an inch above the joint, with a dislocation. The latter was easily reduced by Dr. Mouat himself, and there has been no subsequent displacement. The treatment of the injury has, we understand, so far proceeded most satisfactorily, and there is every reason to hope that recovery from its effects will speedily ensue.

THE village of Great Smeaton, Yorkshire, is in mourning on account of the death of Mr. J. W. O. Mogg, the trusted medical adviser of the place. Mr. Mogg was pursuing his round of visits in his dog-cart on the 27th ult., when his horse stumbled, the deceased was thrown out, and, falling on his head, received injuries which resulted in death the following morning.

DR. M'EWEN of Chester has, we regret to learn, succumbed to the attack of paralysis with which he was seized last week. Dr. M'Ewen was for many years prison surgeon to Chester Castle, at which institution, we believe, he succeeded in effecting many important sanitary improvements. He had recently been appointed President of the local branch of the British Medical Association.

RETIRED Deputy Inspector-General of Hospitals, Charles D. Steel, has had conferred on him the Greenwich Hospital pension of £50 per annum, vacant by the death of Retired Deputy Inspector-General of Hospitals, James Taylor.

AT the jubilee held at the Wurzburg University on the 3rd inst., amongst the celebrities who received honorary degrees were Sir James Paget and Professor Huxley.

THE Professorship of Surgery in Berlin, recently vacated by the resignation of Von Langenbeck, has been filled by the appointment of Professor von Bergmann.

THE Royal Commission on Metropolitan Sewage Discharge met on the 4th inst. There were present—Sir John Coode (in the chair), Dr. De Chaumont, F.R.S., Prof. A. W. Williamson, F.R.S., Dr. Thomas Stevenson, Mr. J. Abernethy, F.R.S.E., and Dr. W. Pole, F.R.S., secretary. The examination of witnesses for the complainants was proceeded with. The Commission will take no further evidence until Tuesday, October 24th; but, in accordance with the terms of the Commission, the Commissioners proceeded down the Thames on the 8th inst. for the purpose of viewing the outfall of the sewage at Barking Creek.

THE recent bazaar in aid of the funds of the Cottage Hospital at Egham has produced the sum of £90 for the benefit of the institution.

THE BRITISH MEDICAL ASSOCIATION.

FIFTIETH ANNUAL MEETING,

Held at Worcester, August, 1882.

THE proceedings of the Association commenced on Tuesday last, the 8th inst., a large number of members arriving in the town on that day. There was every promise of fine weather, and the visitors to the ancient city had opportunities of viewing its famous works, the Art Exhibition, the Cathedral, &c., in addition to engaging in the more serious business with which the programme was filled. After an informal reception by the Mayor and Corporation, the members marched in a body from the Guildhall to the Cathedral, where service was held, followed by a brief sermon by the Dean of Worcester. At 6 o'clock the Mayor and Corporation entertained the President and officers of the Association at dinner.

At 8 P.M. the first general meeting was held, when Mr. Barrow of Ryde, the outgoing President, yielded the chair to Dr. W. Strange. A cordial vote of thanks was passed to Mr. Barrow on the motion of Mr. Wheelhouse, seconded by Dr. Joseph Rogers, and the President delivered his inaugural address, which, although lengthy, was admirably adapted to the occasion. Space will not permit us to give more than the briefest abstract of this address. It commenced by a reference to the fact that the Association on this its fiftieth anniversary was revisiting its birthplace, and therefore the occasion was a most suitable one, both for retrospect and for looking forward to the future. Instead, then, of dwelling upon the history of the Association, he proposed to deal with the "revival" and "survival" of medicine in these kingdoms, and to trace the evolution of the medical mind during the past half century, and then to make a forecast of what the future is likely to be. He described the period 1830–40 as one pregnant with mighty changes, political, social, and scientific. The political collapse was accompanied by a corresponding mental stagnation, and science gained no hearers. Then came the reaction, and the era of scientific discovery set in, whilst political enfranchisement accompanied the increase in commercial and social intercourse. The idea of combining and forming associations for the diffusion of knowledge led to the initiation of the British Association, followed a year later by the foundation of the Provincial Medical and Surgical Association in the city of Worcester by Charles Hastings and his small but devoted band of coadjutors. Looking back to the condition of medicine at that time he pointed out that "that decade was distinguished by a galaxy of names, the like of which, at one period of time, the world has rarely if ever seen." The characteristics of those men whose names had since become as household words were patient research and observation of facts and thorough conscientiousness in the use of them; and, secondly, unswerving courage and truthfulness in announcing those facts to the world. Authority was being questioned on all sides, and he instanced the sensation created by Lawrence's celebrated lectures on the natural history of man. Dr. Strange praised highly the literary works and style of the men of those days, and advised modern medical authors to carefully peruse the works of those masters before putting pen to paper. "Evidence of the increased activity in medical research was afforded by the publication of the 'Cyclopædia of Practical Medicine,' edited by Forbes, Simon, and Conolly, two of whom later founded the *British and Foreign Medical Review*. The theory as well as the practice of medicine was being overthrown, and the action taken by Hastings in founding the Association was to place the provincial practitioner in almost as good a position as his metropolitan brother. And what was the condition of the provincial practitioner at this time? With the exception of a few local physicians of the older stamp, solemn, scholarly, and formal, and here and there an apothecary of more than ordinary acuteness of observation, there existed one dead level of mediocrity; men without the ambition to compete with their metropolitan brethren because the means of doing so were denied them. No sparks of genius emanated from their brains, because there was no mental friction to produce them. No doubt it was the inferior education of the general practitioner that made literature distasteful to him, and scientific attainments rare; whilst the desire for improvement, which might casually arise, found no field for action. So he settled down into the mere copier of other men's prescriptions, and the collector of current nostrums for certain symptoms. Bundles of prescriptions were handed down from one practitioner to another along with the practice. Having no other idea but that disease was an entity, he set to work to drive it out of the system by the popular means of bleeding, purging, and sweating. If this were the intellectual status of the provincial practitioner half a century ago, were his morals and social status of a higher grade? I am not one of those *detractores temporis acti* who delight in recalling the caricatures—for they were caricatures, even then—of Fielding and Smollett, and, afterwards, of Dickens. Whilst the squire and the parson of the parish did not disdain to take their recreation in the parlour of the village ale-house, what wonder that the village doctor made that same ale-house his club also? But this, and his over-addiction to field sports, sometimes in company with his betters, but more often with his inferiors, drove away all desire for study, even if the means had been at hand, which, generally, they were not. So the top boots and the red coat did duty for the stethoscope and the test-tube; whilst the lancet was thrust into the arm of the too-willing patient as recklessly and ruthlessly as the spur and the whip had been applied to the sides of the animal which brought doctor and patient together. These were the palmy days of the provincial physician. Many times has he been figured, as, with solemn step and well-poised cane, he descended from his lumbering postchaise at the door of some opulent patient. The arrival of this great man in some country town was quite an event, and the signal for all the blind and halt and lame to turn out literally for a touch of the great man's hand. Those who could pay pulled put their guineas; those who could not might, perhaps, count upon getting a glance and a word from the 'Great Doctor,' as he was called, as he passed through the admiring crowd to his carriage in the courtyard in the inn. His grand and pompous manner denoted that he felt himself a head and shoulders taller than the poor apothecary who stood by, meekly trying to catch at the incontrovertible dicta as they fell from the mouth of the medical oracle. Well, both species are now extinct, or extant only as fossils in some remote locality." Turning now to the working of the Association, he remarked that the provincial profession in 1832 was scarcely ready for it, but the time was soon to arrive in which several factors operated. "But another event, almost coeval with the founding of our Association, came to the rescue, and helped to make the decade 1830-40 for ever memorable in the annals of British medical literature. This event was the establishment of THE LANCET as the leading medical journal. THE LANCET, indeed, dates back some eight years before this time, but it was a puny thing in the first years of its life. It might have been compared at that time to a wasp buzzing about the ears of the drones of the medical hive; but when remodeled and enlarged in 1831, it began a fresh era. We may now liken it to a weasel, or to a still more unsavoury animal, the polecat, biting, scratching, driving out of their holes, with venomous scurrility the 'Bats,' as it called the hospital surgeons and councillors of the Royal College, and hanging them up, like vermin on a barn-door, to general obloquy. This was the function of THE LANCET, varied only by the publication of a few lectures and hospital cases, obtained amidst all kinds of difficulty and opposition, for several years after its commencement. But the services which this remarkable journal, after it had conquered its own independence, rendered to free medicine in the earlier days of its existence, amidst all its faults, failings, and even vices, were simply incalculable. Monopolies destroyed; hole-and-corner meetings and doings of the corporations, for the benefit of the few to the detriment and exclusion of the many, exposed; pompous ignorance and overbearing imbecility held up to scorn; the oppressed and obscure, but honest and industrious seeker after truth, brought to the front. After a time, feeling its growing strength, this brave journal attacked the Legislature itself. And it was time. Its apathy towards all that concerned the interests of our profession, displayed in its tolerance of the most abominable abuses and monopolies in high places; its utter neglect of the public health; the farce of the coroners' courts; its winking at the atrocious adulterations of the people's food; its inhuman neglect of the sick poor; and its disregard of all decency in respect of the burial of the dead—these abuses were one by one attacked,

and their authors and abettors lashed with a pitiless and unsparing hand, until redress and reform were grudgingly conceded. The man who, whatever his faults, spent the best part of his life in compelling the Legislature to listen to his exposure and his complaints of these gigantic evils, and to redress them, was at length listened to, and admitted into the Legislature itself. None the less does the memory of Thomas Wakley deserve this testimony from us who now possess an organ of our own quite capable of maintaining those rights and privileges for which, in the early days of our Association, we had no weapon wherewith to do battle. The celebrated *Review* was of a different character; it did not deal with satire, or use 'the withering mockery of THE LANCET,' but to analyse and collect all that was of value in medical literature, and it is to deplored that in this faster, but possibly shallower, age of the present day, this valued journal died of inanition after forty years' existence."

From this survey of the past with a brief reference to medical politics, Dr. Strange passed to the second part of his address, the "Survival of Medicine." He cited the theme or motto of the Association, the advancement and perfecting of medical science and practice, and the increase of helpful fellowship between all its members. The first and chiefest characteristic of the profession was its liberty to think, speak, write, and teach. It judged of the real progress made in the art of medicine, and its verdict of approval was the best reward the faithful worker could have. But liberty might degenerate into licence, and he deprecated the haste and hurry of the age, in which not only all authority was set at nought, but old teachings were paraded as new. Such licence, applied to practice, led to self-assertion, self-laudation, and self-sufficiency, and the evil spirit of quackery within the profession. A second characteristic was philanthropy, in which the profession, ignoring its own material advantage, aimed only at the prevention and relief of human pain and misery. The public was beginning to feel that the profession was not a trade; but we should be on our guard against unreasonable exactions. Added to these was truth; and here he dwelt in eloquent terms upon this great cause of intellectual morality, deprecating mischievous haste in the publication of unformed theories and ill-observed facts. He alluded to collective investigation as a corrective for this, and concluded with some strong and pungent remarks upon the quackery that exists so widely in the practice of the profession. These and other defects could only be combated by hearty co-operation, and he urged them to see whether their Council could not be empowered to act as a High Court of Equity and Ethics, before which all important questions affecting professional honour and conduct might be brought up for judgment.

The report of the Council was then read by Mr. Fowke, the general secretary. It referred to the work accomplished and influence attained by the Association during its fifty years' existence, to the labours of its committees, and to its financial position. It stated that there were now 9563 members on the roll, enumerated the losses by death during the past year, and stated that the following new regulations with regard to the election of members had been adopted by the Committee of Council.

"1. There shall be a standing notice in the *Journal* every week of the meetings of the Committee of Council throughout the year; and stating that gentlemen wishing to be elected Members of the Association must send in their names *twenty-one days* before the meeting of the Committees of Council at which they wish to be elected.

"2. That a list of applicants be in the hands of the Committee of Council *fourteen days* before such meeting of the Committee of Council, and that the branch secretaries be supplied with *several* copies of the list.

"3. That no member be elected by a branch unless his name has been inserted in the circular summoning the meeting at which he seeks election.

"The question of Homœopathy, recently discussed in some branches of the Association, and unfortunately mooted in the addresses in Medicine and in Surgery at the annual meeting at Ryde, has occupied much time and thought on the part of the Committee of Council. Immediately on the delivery of those addresses the idea arose in many minds that the views enunciated by the readers of the addresses had, in some way, been put forward (through them) by the Committee of Council itself; and it was not until the President of the Council, Dr. Bristowe, and Mr. Hutchinson, had severally, and in the most public manner, shown that this was not so, that the feeling was allayed. Following upon this a memorial was presented to the Committee of Council from one branch demanding the *expulsion* from the Association of a member on the ground of his public profession of homœopathy. To this extreme measure the Committee of Council could not accede. As far as is possible, they have rigidly closed the door of *entrance*, and have made it impossible for a professing homœopath to enter the Association through election by the Committee of Council; and they have called upon the branches to aid them by demanding that every name proposed for election shall be inserted in the circular summoning the meeting at which election is sought. They conceive that, by these means, such effectual supervision will be exercised by the Branch Councils that no homœopath will be able to gain admission, either through the Committee of Council or through the Branches, and that thus both doors of entrance are effectually closed. Against perversion to homœopathy *after admission* they are at present powerless, except by the expulsion of the offender; and this, under present circumstances, they consider unadvisable: first, because they hold that such a course would be beneath the dignity of the members of a great and avowedly liberal profession, and, secondly, because it would confer an amount of notoriety which is very undesirable upon those who were expelled. At the same time, the Committee of Council courts a full expression of opinion on the part of the whole Association as to whether it will tolerate homœopathy in its ranks or not; and if it should determine that the profession of homœopathy shall *ipso facto* disqualify from membership, then they conceive that the course will be clear, since the unwitting election of a homœopath would thereby be rendered null, and perversion after election would imply the voluntary cessation of membership. The admirable speech in reference to vivisection, delivered by Professor Humphry at Ryde last year, having met with your strong approval, was ordered to be reprinted for the use of the members of the Association; it was decided to send four copies to each member of the Association, and 40,000 were therefore printed and, with the exception of about 1000, distributed. A member having been summoned to the Bow-street Police-court by the Society formed for the Suppression of Vivisection, on a charge of cruelty to animals, founded upon statements made by him at the meeting of the International Medical Congress last year, your President of Council and Professor Humphry, taking counsel with your Editor, decided to defend the case on behalf of the Association. The charge was dismissed. The expense of defending the action was £75. Your Council trust that the action taken will meet with your warm approval.

"The following resolution has been received from the Physiological Society:—'That the Physiological Society feels deeply grateful to the British Medical Association for the generous manner in which their Council came forward to support the cause of physiological science on the occasion of the prosecution of one of the members of the Society under the Act 39 & 40 Vict. cap. 77; and that the secretary be directed to convey the warmest thanks from this Society to the Council of the British Medical Association for their very valuable assistance on that occasion.'"

Reference was also made in the Report to the terms of the motions of which Dr. Milner Fothergill and Dr. Ward Cousins had given notice, and stated that the Stewart Prize would be awarded to Dr. Vandyke Carter, for his "Researches in Spirillum Fever," and the Middlemas Prize in Ophthalmology to Mr. W. Adams Frost, F.R.C.S.

Some animated debating ensued upon the Report; for Mr. Nelson Hardy, who moved its adoption, appended a rider to his motion, to the effect that it be an instruction to the Committee of Council that any member of the Association who professed homœopathy, or any other designation implying a special method of treatment, shall *ipso facto* be deprived of his membership. The motion was seconded by Dr. Moore, and met with the indignant opposition of Mr. Husband, who declared that he had never before heard of such an advantage being taken by the mover of the motion to adopt the Report. He urged that if a crusade were entered into against the homœopaths in the ranks of the Association it would only serve to increase their notoriety, and hinted that there was no legal power to expel them. Dr. Joseph Rogers took the same line, and the President ruled Mr. Hardy out of order, who accordingly converted his "rider" into an "amendment" to the motion to adopt the Report, moved by Mr. Husband, seconded by Dr. Rogers. Dr. Fitzpatrick seconded the amendment in an energetic speech, urging the Committee of Council to put

their foot down on homœopathy, and demanding the expulsion of homœopaths according to the laws of the Association, fearless of any consequences. Dr. Seaton remarked that no man could be admitted a member who was not a qualified practitioner, and that the onus therefore lay with the licensing bodies—a remark that was strongly dissented from by the majority. Mr. Dix of Hull, having with difficulty obtained a hearing from the excited meeting, put a different complexion on the matter by pointing out that there were at the present time no laws which empowered the Committee of Council to refuse the membership to homœopaths, the laws passed to that effect in 1852 not having been restated when the Association was incorporated a few years ago. The proper course would be to re-enact these by-laws. Dr. Robert Barnes thought the Council had the right to exclude any candidate, as in other societies or clubs; and, in reply to a question Dr. Wade stated that the Council had the power of expelling members on a majority of two-thirds, subject to confirmation by the next annual meeting. The amendment was then put, and was lost by a large majority, only fifteen voting for it. The report was then unanimously adopted.

The next business on the programme was the motion by Dr. Fothergill to alter the By-law 12, referring to the election of editor of the *Journal*. Although notice of this motion had been advertised for many months, yet Dr. Fothergill evidently thought it more prudent that it should not be put to the vote, for it was stated by Mr. Wheelhouse that a letter had been received from him asking that another time should be fixed for it. Dr. Ward Cousins then moved the resolution of which he had given notice to a greatly diminished audience. His speech, which was an amusing definition of the actual working "centre" of the Association, contained some forcible arguments in favour of the changes he advocated—viz., that the President of the Association be an *ex officio* member of the *Journal* and Finance Committee, and that four of the elected members should retire annually, and be eligible for re-election for two years; Dr. Grigg seconding the motion. Mr. Wheelhouse, the Chairman of the *Journal* and Finance Committee, deprecated the continual change in its composition which this would effect, and pointed to the financial prosperity of the Association as evidence of the good work done. Dr. Fitzpatrick strongly urged the adoption of the motion, which would infuse new blood into the Committee. Mr. Husband proposed that the question be referred to the Committee of Council for consideration, and Mr. Barrow seconded the proposal, adding, however, his surprise that the President of the Association was not *ex officio* a member of any committee. The President in putting the question agreed with his predecessor's remarks, and Mr. Husband's resolution was carried by 38 votes against 11. The meeting, which had been very animated, adjourned at a late hour.

At the Council meeting held on Wednesday morning, an invitation to hold the meeting of 1883 at Liverpool was unanimously accepted, with Dr. Waters, of that city, as president elect. An invitation to Belfast for 1884 was also presented.

The Address in Medicine was subsequently delivered by Dr. W. F. Wade of Birmingham. He began by stating that the circumstances of the law suggested retrospection, and proposed to recall some of the actual facts of medicine as it existed when the Association was founded and some others which have occurred since. He referred to the fact that only a few years before the weekly medical press had been established and experiences were being recorded, which are all the more to be prized since they were written in a spirit of truth, bloodletting pervaded all branches of practice, and formed the chief therapeutical resource. Not many years before 1832 a weekly medical journal, which still maintains its high character, was instituted under the then appropriate name of THE LANCET. In a few years after this date, the title of this periodical had well-nigh become an anachronism; for a revolution of opinion had taken place; the time had come for a reconsideration of ancient dogmas, and that reconsideration in many instances led to their effacement. A truer insight into the *vis medicatrix naturæ* led to the abandonment in many regions of practice of the stern measures for "assisting nature," and the use of "expectant medicine." Amongst other influences which led to this was the historical fact of the Hahnemannian therapeutics, the underlying doctrines of which were incapable of being received by the scientific mind. They demonstrated, however, the recuperative powers of nature, for, "rightly or wrongly, cures apparently wrought by such mediation were, and are judged to be, instances of spontaneous recovery." But systems are only swept away because of their fallacies or the faults of those who administer them, such as ignorance of the teachings of science or inattention in their application to special cases. A second source of error is a too rigid adherence to the dictates of science. "Disguise or dislike it as you may, it is not the less certain that in the treatment of disease we have no firmer basis than the doctrine of probabilities." But in all departments it is the same; and there is no reasonable cause for discouragement or despair in the fact, though it is a reasonable cause for reflection, care, and thoughtfulness. Especially needful is it to guard against meddlesomeness in medicine, in desperate cases. In the onslaught against the abuse of bloodletting Marshall Hall led the way, and by prolonged and careful experimentation he advanced powerful arguments against the practice, being, like Harvey, compelled to reiterate his views and the experiments on which they were based before he could carry conviction to men's minds. As a result of this, "Men came to look at bleeding from an exactly opposite point of view to that which they had previously occupied, and began to see that it was not absolutely necessary at the onset of disease; was of doubtful safety as a routine treatment during its height; and at a grand crisis might even be fatal. Can we wonder that in a few short years the practice had ceased to exist?" Another explanation of this change of practice was that so well put forward by Sir T. Watson of "change of type" in disease—a view which compels us to watch constantly the effects of our own operations and of the workings of nature. Every year adds to our knowledge of the structure and functions of the body, of its derangements, and their effects upon organs, and the extent to which these can be controlled by treatment. New instruments, new methods of research, new drugs, and new facts and theories respecting old ones are from time to time presented to us. We may yet have to go much farther in these directions and be less bound by custom than at present. Dr. Wade then adverted to the other side, citing the trial and subsequent abandonment of the treatment of delirium tremens by large doses of tincture of digitalis, and Todd's error of hasty generalisation in advocating the treatment of acute diseases by unlimited quantities of alcohol. Other errors to which medical men are prone are the love of specifics and the confounding of debility and disease. Dr. Wade concluded by exhorting all to aid in the work of making medicine more rational, more truly scientific, and more free from error, than it has been in the past.

At 1.30 the members were entertained at luncheon in the Shire Hall by the Worcester and Hereford Branch, and a bust of Sir Charles Hastings was presented to the City of Worcester. The interest of the meeting was enhanced by the delivery of a speech on the leading incidents of his father's life, by Mr. G. Hastings, M.P.

THE SECTIONS.

The Sections all met for the first time on Wednesday, at 3, and in each the President delivered a short introductory address. In the Section of Medicine, Dr. T. Clifford Allbutt spoke of the great change that had come over the whole field of medicine during the past fifty years, and traced it to the "power of unity" and the "gift of freedom." "With the earth his servant and his civil rights secured, the final and crowning work remained, to win the freedom of his mind." The first lesson learnt by emancipated mind was "that force and matter are but one subject under two names." Dr. Allbutt then went on to point out that the old therapeutics was passing away, and that in its place a growing desire to prevent the earliest changes and manifestations of disease had sprung up.

SURGERY.

In the Section of Surgery, Mr. AUGUSTINE PRITCHARD occupied the chair, and spoke of some of the changes he had witnessed during his professional life. When he began work "there were no anæsthetics, no antiseptics, no clinical thermometer, no ophthalmoscope, none of the marvellous and invaluable revelations of the microscope, even the stethoscope itself was young." Body-snatching had just been put an end to by the passing of the Anatomy Act; bleeding, cupping, tooth extraction, and the making of setons

and tissues were all part of the daily work of the surgeon, and *en passant*, Mr. Pritchard advocated a return to a more liberal use of the issue and the seton for counter-irritation. He considered rapidity in operating was almost as essential now as in the days before anæsthetics. Pleading for the more general use of the median operation of lithotomy, he related a case in which he had by this means removed from the bladder a lump of sealing wax which had been passed down the urethra. Just noticing the wonderful progress of surgery in abdominal surgery, osteotomy, and antiseptic surgery, he concluded by referring to Mr. James Luke, Mr. J. F. South, Mr. Spence, M. Pirogoff, Mr. Busch, Mr. Gore, and Dr. Greenhow, all of whom, more or less widely known, had passed away during the year.

After the President's address Mr. J. GREIG SMITH read a paper on Early Operative Treatment of Joint Disease, in which he repeated the opinions he has already published, and expressed the conviction that many cases of excision and amputation should be saved by timely surgical treatment of less severity. Dividing cases of chronic joint disease into three, commencing in synovitis and in inflammation of the red medulla of articular ends of bone, he sketched his treatment as follows:—In cases of synovial disease: (1) simple remedial measures, including counter-irritation of this part; (2) a free incision into the joint, and the removal, by finger, knife, or scissors of all pulpy tissue, followed by drainage for about two weeks; this failing (3) excision. In cases of medullo-arthritis: (1) rest as obtained by encasing the limb in plaster-of-Paris; if this fail, (2) cut down on the bone and gouge out all the diseased bone; and this failing, (3) excision. Mr. Smith advocated the practice of aseptic surgery in these operations.

Mr. MORRIS followed with a paper on six cases of Abscess in Bone, illustrating the value of their surgical treatment. Mr. WM. THOMPSON then read a paper on a remarkable case of Rupture of the Knee-joint and Compound Fracture of Patella after suture of that bone, treated by incision, and followed by recovery. Then followed a discussion upon the various topics thus raised. Mr. TEALE expressed his sense of the value of subcutaneous puncture of joints where there is tension and pain; but the chief subject discussed was the treatment of fracture of the patella. Mr. JESSOP and Mr. WHEELHOUSE (Leeds) each related a case of compound fracture of the patella, which was most successfully treated by antiseptic suture of the fragments. Mr. Jessop had employed the same plan in a case of simple fracture, in which he waited three weeks to let the effusion into the joint be absorbed. Mr. WHEELHOUSE and Mr. TEALE each referred to a case of badly united fracture of the patella, by which the limb was seriously impaired, in which they had freely laid open the joint, removed all the uniting material, and wired the fragments; each case was done aseptically and with perfect success.

Mr. REGINALD HARRISON showed the fragments of a phosphatic Urinary Calculus, weighing over 2 oz., which he removed at one sitting by Bigelow's operation. The man, who was under thirty years of age, recovered. Mr. Harrison expressed his preference for the flat-bladed lithotrite, wherever practicable, and also for Bigelow's original evacuator, which he always uses.

Mr. PEARCE GOULD showed the photograph of a Calculus weighing over 3 oz., successfully removed at one sitting by Dr. Bigelow. He also mentioned the case of a stone weighing over 2½ oz., of which he had removed by lithotomy, after failing to crush it by Dr. Bigelow's most powerful instrument.

Dr. WARD COUSINS showed a long-beaked staff, which he had found very useful in lithotomy, especially in children Several speakers, however, thought it would be a rather dangerous instrument if not used with great care. Mr. Browne referred to forty-two successive cases of lithotomy at the West Bromwich Hospital without a death, in one of which the stone weighed 7½ oz.

At the general meeting on Thursday morning the address in Surgery was delivered by Dr. Stokes of Dublin. He took for his subject the three great advances in Surgery during the past fifty years—namely, the introduction of anæsthetics, antiseptic surgery, and resections of joints. The address was notable for its vigorous defence of Listerism, and for the eloquent indication of experimental research in medicine with which it terminated. A cordial vote of thanks was passed, on the motion of Mr. Teale, seconded by Sir W. Mac Cormac. After the address the Stewart prize was presented to Dr. Vandyke Carter, for his researches in relapsing fever. The prize was received on Dr. Carter's behalf by Surgeon-Major Walker.

ANATOMY AND PHYSIOLOGY.

Professor G. M. HUMPHRY, F.R.S., opened the Section of Anatomy and Physiology by an address in which he referred to the divergence of these two sciences. In reference to anatomy, he said, upon the good, clear, ready knowledge of it, more than upon that of any other branch of his science, depends the power of the medical man, more particularly of the surgeon, to do definite positive good; to form, that is, distinct diagnoses, and to adopt decided treatment; and the want of interest which anatomy suffers from not being a progressive science is more than compensated for by its practical importance. "Here I would remark that I think its paramount and unassailable *locus standi* has of late been somewhat lost sight of in its teaching. The books on anatomy, whether manuals or more formal treatises, commonly contain little or no allusion to the practical import of the several structures and their disposition, and the methods of description have usually no relation to this point. Moreover, the anatomist does not seem sufficiently alive to the value of that kind of physiological knowledge—the knowledge of mechanical adaptation, or morphological relation, and of developmental phenomena—which is the proper associate of anatomy, which appertains to it in the same way and in the same right as the study of process appertains to the study of minute structure. Too often the bare naked facts are marshaled in solemn fulness one after another, not to be digested, but to be gulped again, much as they went down under the examination squeeze." While highly valuing the study of anatomy, pure and simple, as cultivating the qualities of attention, accuracy, and painstaking to a greater extent than other studies, he said he valued more its capabilities to excite interest, to nurture inquiry, and to strengthen the mental faculties by virtue of the practical and physiological expositions which are its legitimate accompaniments, some of which he referred to. He expressed a hope that examinations, which largely influence the mode of teaching, may shortly be improved by a considerable extension of the time devoted to them. In conclusion, after reference to the rapid and progressive advance of physiology, he paid an eloquent tribute to the memory of the much-lamented Mr. F. M. Balfour.

PUBLIC MEDICINE.

Dr. ALFRED CARPENTER presided over the section of Public Medicine, and in his opening address reviewed the work done in Hygiene and Public Health by the Association in its early years.

PATHOLOGY.

Dr. HUGHLINGS JACKSON opened the proceedings by an address on the nature of post-mortem examinations, and urged upon the general practitioners the advisability of forming a kind of club, and combining to perform all post-mortem examinations ordered by the coroner in conjunction with each other.

A discussion on the Pathology of Diabetes followed, in which Dr. S. Mackenzie, Dr. Pavy, and Dr. Saundby took part. Specimens illustrating other diseases of the nervous system were afterwards exhibited and discussed.

HEALTH OF THE ARMY.

No. I.

THE Statistical and Sanitary portion of the Army Medical Department Report for 1880 has just been presented to Parliament. Although a little earlier than last year, it is at least three months later of appearing than usual; we trust the new Director-General will take measures to prevent in future any unnecessary delay. The medical portion and the various papers by medical officers and contributions from Netley will, it is to be presumed, be soon put in circulation, in accordance with the arrangements which we brought to notice last year.

The strength of the white troops serving at home and abroad during the year 1880 averaged 159,622, being about 5000 under the numbers in the preceding year. The admissions into hospital per 1000 of the strength amounted to 1157

the deaths to 13·34, the number sent home as invalids to 31·32, and discharged the service as invalids to 21·92, and the proportion constantly non-effective from sickness was 56·89. Compared with the results for the preceding year these ratios show a slight reduction in the admissions and a very marked one in the deaths, the numbers sent home as invalids, and discharged the service, while there has been a very slight increase in the proportion constantly non-effective from sickness. The great reduction in the mortality has taken place in the force at the Cape, Mauritius, and Cyprus, while that in the number of invalids sent home has been at Cyprus and the other Mediterranean stations, and at the Cape, China, and India; all the other commands showing an increase. There has been an increase in the mean daily sick in Bermuda and the West Indies, and in Mauritius and China; at the other foreign stations there has been either a decrease or scarcely any variation from the preceding year. Although the results are on the whole favourable when compared with those of 1879, they are all above the average of the last ten years, except the numbers sent home and discharged as invalids, the difference being especially marked in the constantly non-effective from sickness, which has been above the average both at home and in all the foreign stations except Cyprus and China.

In the United Kingdom the average strength of the troops during the year was 83,895. The ratio of admissions into hospital was 896, of deaths from all causes 6·83, of invalids discharged the service 22·52, and of constantly sick 46·09 per 1000 of strength. Compared with 1879 there has been an increase in the cases of 74 per 1000, of which sixty-two were due to syphilis and gonorrhœa. The deaths were somewhat lower than in the preceding year, chiefly those from tubercular diseases; there was also a reduction in the proportion invalided, but an increase in the mean daily sick, the latter caused by syphilis and gonorrhœa. There does not appear to have been any unusual amount of sickness or mortality in any of the military divisions. There were 94 cases and 18 deaths of enteric fever during the year; of these 18 cases and 3 deaths occurred at Buttevant, 5 cases and 4 deaths at Tipperary, 12 cases and 2 deaths in Dublin, and 10 cases with 2 deaths in the Household Brigade in the home district. There were 96 admissions and one death by delirium tremens, and 73 admissions with one death by alcoholic poisoning, Cork and the Channel Islands furnishing the highest proportion of cases, and the Chatham district the lowest. The usual tables are given of the prevalence of syphilis and gonorrhœa. From these it appears that the admissions into hospital for primary venereal sores were 74 per 1000 of the strength at the fourteen stations under the Contagious Diseases Act, and 167 at the fourteen not under the Act, the admissions for gonorrhœa being 100 and 128 in the two groups. From the table in the report showing the sickness and mortality in the different arms of the service, it appears that the admissions into hospital were highest, and considerably above the average, in the cavalry, the deaths in the Royal Artillery, if the Brigade Depôts be omitted on account of their death-rate being considerably affected by the number of men sent home from the battalions on foreign service, the proportion discharged as invalids in the Foot Guards, and the average constantly sick in the cavalry. No information is given as to the diseases to which the high ratios of cases and of constantly sick in the cavalry have been due, but the subject is one deserving of careful inquiry.

At Gibraltar the average strength of the troops was 4483 men, from whom the admissions into hospital were in the proportion of 738, the deaths of 4·24, the invaliding of 34·80, and the mean daily sick of 43·91 per 1000. These are all much lower than in 1879; but it must be remembered that in that year the sickness and mortality were greatly increased by the unhealthiness of the regiments which had arrived in the garrison from Cyprus. Compared with the ten years preceding 1879, the admissions, invaliding, and mean sick have all been above, but the deaths 2·30 per 1000 under the average. The excess of the admissions was to a great extent caused by syphilis and gonorrhœa. The highest ratio of admissions occurred in the 41st Regiment, which landed on the 11th August. We cannot congratulate the military authorities on their wisdom in thus sending a corps composed of young soldiers to commence their tour of foreign service on the Rock at the very hottest season of the year; a heavy sick-list might have been anticipated. Only 5 cases of enteric fever occurred during the year; but of these 2 proved fatal, both of them soldiers who had recently arrived.

In a strength of 4885 men at Malta, the admissions were 857, the deaths 10·02, the invaliding 18·01, and the mean sick 46·56 per 1000. These ratios do not differ greatly from those of the preceding year, except the deaths, which show an increase of 1·67 per 1000; but they are all, except the invaliding, above the average of the last ten years. The excess in the mortality was chiefly due to enteric fever, of which there were 53 cases and 17 deaths. They occurred chiefly in the latter half of the year; but no information is given in the report as to the barracks from which they were admitted or the corps by which they were furnished, nor is anything said as to their probable cause. The same injudicious arrangement of sending out regiments from England at the hottest period of the year was carried out here as at Gibraltar, and with the same result, the 26th and 38th, which arrived in the middle of August, having furnished a much higher ratio of admissions than any of the other corps. The admissions and deaths among the men of the Royal Malta Fencible Artillery amounted only to 556 and 5·76 per 1000 respectively. No cases of enteric fever occurred, and there were only two deaths in the corps, one by phthisis and the other by accidental drowning.

The health of the troops serving in Cyprus was on the whole very satisfactory; the admissions amounted to 1002, the deaths to 2·26, the invaliding to 18·07, and the mean sick to 53·27 per 1000. The somewhat high ratio of sickness, as shown by the admissions and mean sick, was partly due to the recurrence of intermittent fever among the men of the Royal Engineers and 35th Regiment, who had previously suffered from that disease, but also to the prevalence of syphilis and gonorrhœa; of syphilis the senior medical officer observes: "The disease is still rife in Limassol, and no adequate measures have hitherto been adopted for either its suppression or control." From the end of May till the beginning of October the troops were encamped on Mount Troodos, except a few left at Depôt Limassol and in charge of the camp at Polymedia. To this judicious measure is probably in a great measure due the satisfactory reduction in the amount of sickness and mortality in the island.

In the Dominion of Canada a force of 1670 men furnished 859 admissions, 6·59 deaths, 35·93 invalids, and 46·68 constantly sick per 1000 of strength; the admissions were lower, but the others slightly higher than in 1879; but, except the deaths, all were considerably above the average of the ten preceding years. The reduction in the admissions was a result of the improved health of the 101st Regiment, which in 1879 had a very high sick rate, from its previous service in Cyprus. Five cases of enteric fever were reported, but of these four occurred among men who had just arrived by the *Crocodile* from Bermuda, where, apparently, the disease had been contracted. The number of cases of alcoholic poisoning indicates a very unsatisfactory state as regards temperance at Halifax, the admissions into hospital having been as high as 24·5 per 1000.

At Bermuda, in a force of 1974 men, there were 696 admissions, 9·62 deaths, 29·89 invalided, and 40·15 constantly sick per 1000 of strength. These ratios are higher than those for 1879, and are also above the average of the last ten years. The increase in the cases was most apparent in diseases of the digestive system and in accidents. The excess of the deaths above the average was not more than might be fairly attributed to ordinary fluctuation in limited numbers. There were 27 cases of enteric fever with 6 deaths; of these, 12 cases and 5 deaths occurred in the 99th Regiment. No information is given as to the barracks occupied by the regiment, or those from which the cases were admitted. There is only the somewhat vague remark of the principal medical officer, that "enteric fever has established a footing in every part of these islands, but especially in the two chief military stations, St. George's and Prospect." He also states that it is by no means common among the residents, and that "a fatal case has not been recorded for nearly two years." If this be not a result of defective registration of the causes of death, it points to the necessity for a thorough and careful investigation into the conditions which give rise to the prevalence of the disease among the military. The high ratio of admissions by diseases of the digestive system is largely due to dyspepsia and diarrhœa; it may be a question to what extent the former of these is a result of intemperance, the admissions under the head of alcoholic poisoning and delirium tremens having been 14·7 per 1000 of the strength. "The cheapness and facility in the supply of liquor continue to be the causes of much intemperance."

The health of the troops in the West Indies during the

year was satisfactory, the admissions having been 918, the deaths 8·68, the invaliding 42·43, and the mean sick 42·88 per 1000; these ratios, except the deaths and invaliding, though higher than in 1879, correspond closely with the average of the last ten years; the deaths were 2¼ per 1000 below, and the invaliding considerably above, the average. Fevers were more prevalent than in 1879, and two deaths by them occurred at Up Park Camp, Jamaica, in one of which "the antecedent illness presented a suspicious resemblance to yellow fever." It is, we think, to be regretted that no statement is given showing the relative sickness and mortality among the troops quartered in Jamaica and Barbadoes respectively. A very marked difference formerly existed, and it would be interesting to see in what respects the two stations now differ. We trust this will not be lost sight of in the next volume, when the results will be greatly affected by the epidemic of yellow fever at Barbadoes. The health of the black troops differed little from the average of the last ten years, except that there was an increase in the invaliding and mean sick. The proportion per 1000 of strength was: admissions 1091; deaths 19·23, invaliding 36·63, and mean sick 64·36. Paroxysmal fevers were the most prevalent, and, as is always the case, tubercular the most fatal diseases. Of 21 deaths in the force 10 were by phthisis.

Among the black troops in West Africa the admissions, deaths, and mean sick closely corresponded with the average, being 1546, 22·47, and 62·33 respectively. There were no men invalided during the year. The most prevalent diseases were paroxysmal fevers, which caused more than two-fifths of the admissions into hospital; and next to them diseases of the digestive system. As with the black troops in the West Indies, phthisis was the most prominent fatal disease; it caused one-half of the deaths.

At the Cape of Good Hope the average strength of the troops was 5552, including a small detachment at St. Helena. The admissions into hospital were in the ratio of 797, the deaths 32·24, the invaliding 47·19, and the mean sick 53·74 per 1000. These were all much lower than in 1879; but in both years the mortality was largely due to losses in action. In 1879 the death-rate, exclusive of killed in action, was 35·10, and in 1880 it was 19·99 per 1000, so that in the latter year there was a marked reduction in the losses by disease, though they were double the average of the ten years preceding the outbreak of the Zulu war. Of the deaths in 1880 rather more than half were from enteric fever, and of the 55 from it 46 occurred in the first quarter of the year. It prevailed throughout the Transvaal and Natal. The principal medical officer states "that medical officers have been pretty well agreed in assigning the cause of it to polluted water-supply at the various camping grounds on the line of march, and consider that it was not due to causes in the various stations at which it occurred . . . Cases of enteric fever and diseases of the digestive system occurred often largely after a corps arrived at its destination, and were confined almost exclusively to fresh arrivals, ceasing after they had been a little while on the station." Of the deaths from wounds in action 59 occurred out of, and 9 in, hospital.

At Mauritius, although the admissions were still very high, there was a reduction of nearly one-third as compared with 1879, and the mortality fell from 25·85 to 5·67. The proportion of admissions per 1000 of strength was 2204, deaths 5·67, invaliding 79·32, and mean sick 98·53. Nearly half of the admissions were from paroxysmal fevers, none of which, however, terminated fatally. The condition of the troops, however, is one that demands serious consideration, seeing that during the last two years very nearly one-tenth of the force has been constantly on the sick list. The senior medical officer urges strongly "the removal of the greater portion of the garrison from St. Louis to the sanitarium at Curepipe, which is situated 1900 feet above the sea level; he observes that there appears to be no military reason against such a step, and he regards it as the only radical change that is likely to affect the health of the troops. Large huts at the sanitarium have been completed, but at present there is no hospital there." Looking to the deterioration of health, which must result from this perpetual prevalence of fever, it would appear to be a most desirable measure alike of economy and humanity to remove the troops from their present unhealthy stations on the low grounds.

At Ceylon the admissions, deaths, and mean daily sick were considerably higher than in 1879, and much in excess of the average of the last ten years. They were in the proportion of 1238 admissions, 25·0 deaths, 58·0 invalided, and 64·24 mean sick per 1000. There was a marked exemption from the febrile group of diseases. The class which gave rise to the largest proportion of cases, and to two-thirds of all the deaths, was that of diseases of the digestive system, dysentery being the cause of eleven deaths. It was most prevalent in June and July at Colombo; "many of the cases were of the hæmorrhagic form, very severe, and rapidly fatal." The principal medical officer observes that "it was remarkable that when this disease was prevalent among the troops at Colombo the civil population there was almost free from bowel affections." He does not, however, afford any information as to the probable causes of its prevalence and fatal character among the military.

The health of the troops in China and the Straits Settlements appears to have been satisfactory during the year; for though the admissions and deaths were a little higher than in 1879 they, as well as the invaliding and mean sick, were much under the average of the preceding ten years. The admissions were 979, the deaths 8·42, the invaliding 19·65, and the mean sick 45·95. These results cannot but be considered satisfactory by those who remember the unhealthy character of Hong Kong when first occupied by our troops. The admissions and deaths were slightly lower in the Straits Settlements than in Hong Kong. There is but little to call for remark with regard to any of the classes of diseases, except the occurrence of three cases of diphtheria at Hong Kong, of which two proved fatal, and the source of which it was found impossible to trace. The ship *Meance* is used as the station hospital for the troops at Hong Kong. The principal medical officer draws attention to the inconveniences and disadvantages arising from this, and strongly recommends the erection of a good hospital on shore, and also points out the urgent need of one for the wives and children of the soldiers serving in the colony.

THE FESTIVAL AT WÜRZBURG.

WE have been favoured by Dr. Russell Reynolds with his "impressions" of the festival at Würzburg. They will doubtless be perused with pleasure by our readers.

The festival in commemoration of the three hundredth anniversary of the founding of the Julius-Maximilian University has been for some time past fixed to take place from the 1st to the 4th of August of this year; and its occurrence has been one of the greatest interest, not only to Würzburg itself, but to all the Universities of Bavaria, and of Germany, and of many neighbouring States.

Arriving in Würzburg on the 31st of July, the whole city was found arrayed in festal attire. Every street, every public building, and every private house was decorated in the most tasteful manner. Long festoons of flowers and ferns were placed on either side of the main streets, and flags of brilliant colour and device were hung from the roofs and the windows of the houses both small and great. The whole town was full of joyous welcome; and it was most interesting to see the crowds of visitors arriving from all quarters and by every train receiving the hearty congratulations of their friends, who were resident in the city the university of which they had come to honour. The jovial greetings of old students and new, of middle-aged professors with their former colleagues or alumni, were profuse on every hand, and of such kind as to make it obvious that there was much beyond a fellowship in plain scientific work, a real fellowship of heart and life in doing all that could be done to prove the attachment which all felt to their Alma Julia.

Having been delegated by the University of London to be their representative on this festive occasion, it was my honour to be invited to the private residence of the rector, Professor Wislicenus, in the evening of the day before the ceremonies began, in order to meet the delegates and invited guests, and to take part in the selection of those upon whom should fall the duty of speaking for their universities, or colleges, or schools, on the following day. Professor Wislicenus showed, in his own house, the power, and tact, and kindness which, having met together in his person, have made him the revered and able "Rector Maximus" of the university.

On Tuesday, August 1st, at 9 A.M., religious services were held in the Catholic cathedral, the Protestant church,

the Jewish synagogue. Sermons appropriate to the occasion were preached in the first by Professor Dr. Hettinger, in the second by Dean Wiessinger, and in the last by the Rabbi Bamberger. Musical performances of high character accompanied these services. At eleven o'clock the guests and deputies were received in the garden hall of the royal residence, and ushered to the White Hall of the palace by the band playing the old "fanfare" of the University of Prague. The procession was one of most striking character as it passed by the splendid gallery that leads from the garden entrance to the hall. The costumes of the officials of the town, of the university, of the schools, and of the army, were gorgeous in the extreme. The dresses of many were such as, except on like occasions, are rarely seen; and many of those present looked as if they had stepped out of the picture frames of those represented by the artists of three and four hundred years ago.

The main business of the morning was that of receiving, from quite numberless universities and schools, addresses of congratulation. The Rector called upon selected speakers to address the University of Würzburg in the names of their various colleagues, and then he delivered a powerful address upon the advantages that the university had conferred, and thanked the assembled deputies in a most warm-hearted manner.

It was very curious to one who has seen much of English universities at their festive occasions to observe the stately decorum with which the whole of this proceeding was gone through. There was no applause either by voice or hand or foot; and there was profound, even solemn, attention directed to every word that was uttered. Even when Virchow and many other distinguished speakers left the rostrum there was no applause, but there was a slight vocal cheer when Canon Stubbs, of Oxford, finished his well-phrased speech, and when the representative from Amsterdam concluded his. Still further, it was very interesting to observe the entire absence of anything that elicited either a laugh or even a smile; there was throughout a pleasurable, not grim, sense of seriousness in the whole proceeding, such, as it seems to me, befits a great university act; and this was the more striking when contrasted with the overflowing hilarity at private entertainments, and in all the social gatherings of friends.

In the afternoon it was arranged that there should be a garden party in the palace gardens at five o'clock, and dancing was to commence at ten; but, alas for many, the rain came down in torrents, and that part of the festival was unfortunately not carried out, as it was hoped that it might be. Yet, in spite of "weather," which science, even if it can predict to some extent its changes, has no power at present to control, crowds passed under umbrellas to the grounds, and, I have been credibly informed, some dancing was accomplished.

On Wednesday, the 2nd, the "Great Festival Day," the proceedings commenced at ten in the morning in the University Church, by the performance of Beethoven's overture, Op. 124. Then followed the address, the "Festrede des Rectors," Professor Wislicenus. This most eloquent discourse commenced with an account of the history of the university, and especially of that portion of it which has been presented since the 200th anniversary took place. The Rector showed how it had struggled to be free from all theological thraldom, and in what manner, and to what degree, it had succeeded. On the previous day he had spoken warmly of its thorough catholicity, but to-day he rose to a high degree of fervour, speaking of its earnest struggle as worthy of the spirit of the martyrs. "If," said he, "the very being of science is to seek and find the knowledge of the truth, and this for the good of all, then it lies in its very essence that it can endure no fetters, and the only limits to its advance must be those fixed in the nature of man. No man can point out the way to him who is the pioneer into the region of the unknown; the awakening of his scientific insight is the result of the teaching of the higher schools." Professor Wislicenus has no doubt with regard to the future, but is convinced that it may be confidently left to the "unconquerable pressure onwards of humanity in the search for truth—Das walte Gott." At the conclusion of his address, which was received with loud and long-continued applause, the Deans of the several Faculties recommended the conferring of honorary degrees upon many learned professors of many universities, and the proceedings terminated with music.

At three o'clock on the same day there was a festal dinner, at which between three and four hundred delegates and guests were present. This was so unlike anything that occurs in England, that some description of it may be interesting to your readers. The dinner began at three and lasted until seven. Everyone appeared in full evening costume, with white cravats and gloves, and bedizened with medals and orders, such as Hood said might have "delighted the eyes of a miner." The *menu* was exhaustive, and the viands and wine of the best; but what was very curious was the arrangement of the toasts. Before the soup was half finished a signal was given, and everyone rose to hear Prince Theodor Carl (the cousin of the King) propose the health of his Majesty. This was received with appropriate honours, the Prince alluding to his own personal relationship to the medical profession, he having passed through a course of medical instruction, and to the present time occasionally seeing patients in consultation.

Then followed a long pause between fish and soup, during which the talk of the guests and the tones of the band rendered it very difficult to do more than catch a few words from the nearest neighbours. Then, just as some of the visitors had swallowed a few mouthfuls of fish, silence was again called, the Rector rose, the waiters stopped, the guests stood up wiping their mouths, and the health of Kaiser Wilhelm was given and received with all honours, while the band played the familiar air of "God save the King."

Toast after toast followed, and pause after pause ensued, until seven o'clock was reached, when the guests departed, many to see their friends, many to the theatres.

In the evening there was a great gathering of the students and their friends, and of all who had come to the festival, in the great Ludwigshalle. If the official performances were singularly silent, this cannot be said of the "Banketfest der Studentschaft," the hilarious mirth of which was audible far beyond the limits of the hall. But good humour prevailed throughout, and the festivities were not prolonged until an unduly late hour.

This leads me to make a remark, and the only one that is tinged with sorrow, about this festival, and that is with regard to the painful spectacle of the gashed and disfigured cheeks, brows, and noses of dozens of students who were going about Würzburg and Heidelberg. Many had scars, of three to five inches long, on either cheek, some had slit noses, and were adorned with plaster as their only "decoration"; while some grown-up men were to be seen, who must have left their colleges for ten or fifteen years, still bearing these ghastly signs of early folly.

The man who has received his wounds in honest fight for his country or his home may be proud of what he has done, but he is not vain of his wounds. But these young men, of seventeen to twenty years of age, stamp about the street, or, curiously enough, ride in carriages behind a pair of horses, with their disfigured, and often injured heads, tossed high in the air as if they thought it a fine thing to make day as well as "night hideous" in remembrance of something which has not been an honourable quarrel, but a form of strife for which few can entertain any feeling of respect.

The University of Würzburg may reasonably take pride in its catholicity; but the University of London has far surpassed it in the practical results of its thorough freedom from all tests of membership, instruction, or honours, for in my class alone in University College there have been Jews, Turks, Hindoos, Japanese, West Indians, and men of every persuasion of Christian faith. But the University of Würzburg is doing a grand work, and with it, in its endeavour, and successful endeavour, to making teaching as efficient as it can be made, and as wide in its range of influence to "all sorts and conditions of men," we hail it with all honour as an elder worker in the broad field of general education.

Nothing could exceed the careful thought with which every arrangement for the assistance of delegates and visitors was made, unless, indeed, it be the kindness and hearty hospitality with which such visitors were greeted.

MR. J. J. MILNES, a Huddersfield solicitor, has obtained a verdict against the Corporation of that town, at the Leeds Assize, for £2000, as compensation for personal injuries caused by drinking impure water supplied by the Corporation. The water in its passage through the service pipes had become so impregnated as to produce in the plaintiff's case every symptom of acute lead-poisoning. A point as to the liability of the Corporation was reserved.

PROSECUTION UNDER THE BIRTHS AND DEATHS REGISTRATION ACT, 1874.

AT the Clerkenwell Police-court, on Wednesday, the 2nd inst., before Mr. Barstow, John Henry Friend, of Dean's-court, Goswell-road, was summoned by the Medical Defence Association for having forged a certificate or declaration for the purposes of the Births and Deaths Registration Act, 1874, concerning the body of the deceased child of Alma Smith. A second summons charged him with having made, given, and used a false statement or representation concerning the body of the deceased child; and a third with having unlawfully procured the burial of the said child under the representation that it was still-born.

Mr. Pridham, Solicitor to the Association, conducted the prosecution.

The prisoner pleaded guilty to the first two summonses, and not guilty to the third. The third summons was afterwards withdrawn.

Mr. Pridham said the deceased was the illegitimate offspring of Alma Smith, the defendant being the father. No medical man was called in to attend the mother, but she was attended in her confinement by the defendant's mother, who stated that the child was still-born, and called in an undertaker, named Bright, to bury it. The undertaker stated that he could not do so without a certificate, and two days after the child's death, Bright was sent for by the defendant, who handed him a document, of which the following is a copy:—

"July 3rd, 1882.
Dr. Clift, 81, Central Street, St. Luke's.

I hereby certify that I delivered Mrs. Smith of a female child (still-born) on the 1st of July, at No. 4, Thomas-place, Goswell-road.

Given under my hand, Dr. CLIFT,
81, Central Street, St. Luke's."

The original certificate was shown to Mr. Barstow, who, remarking on its illiterate appearance, stated that the undertaker must have known this was not a proper certificate, and Mr. Pridham concurred in his opinion. Mr. Pridham, continuing, said the child was buried at Manor Park Cemetery, Forest-gate; but the superintendent of the cemetery noticed the informal character of the certificate, and forwarded it to the district registrar, who sent it to the coroner for Central Middlesex, and the result was that the body was exhumed and an inquest held. Dr. Clift never saw or attended Alma Smith or gave a certificate, and the document produced was, as the defendant now admitted, a forgery.

Mr. Barstow remarked that this was a very serious offence, and one for which a few years ago the prisoner might have been hanged. He inflicted a penalty of £5 and costs on each summons, or two months' imprisonment.

Defendant was unable to pay the fines and costs, and was therefore removed to the cells to undergo the imprisonment.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Brighton (*Urban*).—Dr. Taaffe's annual report on the health and sanitary condition of this popular watering-place and health-resort, during 1881, acquires additional interest from the unfavourable mortality statistics recorded there during the first half of this year, which attracted so much public attention. The estimated population of Brighton in the middle of last year, based upon the results of the Census in April, was 107,934, and the town is one of the twenty-eight largest English towns embraced by the Registrar-General's Weekly Return. The constitution of the population of this large watering-place is exceptional, as may be inferred from the fact that both the birth-rate and the death-rate in Brighton are almost invariably lower than those recorded in any of the other large towns in the Registrar-General's Weekly Return list. During last year the birth-rate in the borough was but 30·6, and the death-rate 19·0 per 1000; these rates were respectively 5·0 and 2·7 below the mean corresponding rates in the aggregate of the twenty large towns. It would be interesting to know how much the mortality statistics is affected by the exceptional age-constitution of the population, but Dr. Taaffe does not give the means for estimating this disturbing element. The normal birth-rate is usually higher in populations having low death-rates than in those having high death-rates. On the other hand, death-rates are almost invariably low in the suburbs of all large towns, where domestic servants form so large a proportion of the population, and yet scarcely contribute to the local rate of mortality. It is certain that on these accounts it would be most misleading to base any conclusions as to the sanitary condition of Brighton on the comparison of its gross death-rate with that of the other large English towns dealt with in the weekly return, consisting, as they mainly do, of London, and manufacturing towns of the midland and northern counties. At the same time it must be admitted that in the death-rate competition with other watering-places and health-resorts, Brighton is heavily handicapped with its population of over a hundred thousand, the bulk of which is thoroughly urban in character and density. Dr. Taaffe's report shows that in St. Peter's subdistrict, with its central population of over 60,000, the birth-rate last year was 35·9 and the death-rate 22·3; whereas in the other subdistricts, including the outer ring of Brighton, with a population of about 45,000, the birth-rate was only 23, and the death-rate less than 15 per 1000, sufficient proof of the abnormal constitution of the population. There is another fact which should not be lost sight of when basing conclusions upon the gross death-rate of most watering-places, which is that visitors, while almost constantly forming a large proportion of the population, contribute very slightly to the rate of mortality. Dr. Taaffe notes that only 159 of the 2059 deaths during last year were of non-residents, but he does not state his definition of a non-resident. The zymotic death-rate is always, and especially so in the case of health resorts, one of the most important tests of the temporary sanitary condition of such towns. No one would be wise to select as a health-resort one in which the death-rate from zymotic disease was at the time excessive. The deaths referred to the principal zymotic diseases in Brighton last year were 241, equal to a rate of 2·2 per 1000 of the population, and 11·7 per cent. of the deaths from all causes. These zymotic deaths included 73 from scarlet fever, 52 from diarrhœa (mainly infantile), 45 from "fever" (mainly enteric), 22 from whooping-cough, 23 from measles, 9 from small-pox, and 7 from diphtheria. The zymotic death-rate as well as the gross death-rate showed a considerable excess in St. Peter's subdistrict. Scarlet fever was more fatal in Brighton in 1880 and 1881 than in any year since 1871. The new sanatorium, if turned to good account, should be the means of reducing the mortality from scarlet fever. The deaths from enteric fever were more numerous last year than in any of the eleven preceding years. The outbreak last autumn is attributed by Dr. Taaffe to milk dissemination. It is reported that 25 per cent. of the deaths from all causes resulted from diseases of the respiratory organs and phthisis; the death-rate from these causes, however, was lower than in any recent preceding year. Infant mortality was also satisfactorily low. From a statistical point of view, the value of Dr. Taaffe's report would be much enhanced by a summary table, for comparative purposes, showing uniform figures for a series of years. The quotation of strings of figures in the report itself undeniably encumbers the text; the necessity for this would be obviated by the addition of a comparative table. The statistics of the past twelve years show a considerable decline in the death-rate, which averaged 21·5 per 1000 in the first, and fell to 19·6 per 1000 in the second half of this period. This at any rate is a satisfactory feature in the recent sanitary statistics of the borough. The Brighton death-rate in recent years has undoubtedly compared favourably with those of the Registrar-General's other large towns; but before this can be too implicitly relied upon in proof of satisfactory sanitary condition, it would be well to ascertain what the death-rate ought to be. At the same time, as a watering-place, the reputation of the town must invariably suffer, at any rate, temporarily, whenever excessive zymotic fatality prevails. In the interest of public health it is most desirable that this should be the case, and it is therefore of the first importance to the welfare of a watering-place that no effort should be spared to secure the early report of all cases of infectious disease, as well as the hospital isolation of all

cases in which efficient house isolation is impossible. Dr. Taaffe reports that 454 inhabited houses, &c., were connected with the main drainage during last year, but that nearly 6000 connexions still remain to be made.

Ware Rural Sanitary District.—In his report on this district Mr. Turner refers to several matters of interest. He points out the inefficiency of the disinfecting stove in use in the district, a stove, which he alleges, cannot properly disinfect except at the risk of burning. We fear there are many hot-air stoves in use, in various sanitary districts, as to which the same may be said. They are often so constructed and so heated that uniformity of temperature in all parts of the stove is impossible, whereas this condition is one which should always be insisted on. It is a matter of common experience to find stoves registering a temperature of some 150° to 200° F. only, whilst articles within, and which cannot burn under some 270° to 280° F., are being destroyed. Such stoves should invariably be avoided, and none should be procured in which a fairly uniform temperature of about 250° F. cannot be ensured in all parts of the stove, and in the interior of such articles as pillows. Mr. Turner next expresses an opinion strongly condemnatory of country fairs as facilitating the spread of infectious diseases. These fairs are now rarely occasions where any real business is done, many have been abolished, and those that remain serve little or no useful purpose. Speaking next as to the serious need for a proper water-supply for the hamlet of Hoddesden, and for Broxbourne and other places, Mr. Turner refers to the working of the Public Health Water Act. He reminds the sanitary authority that the provisions of this Act can only be brought into operation provided each house can be supplied at a cost not exceeding £8 13*s.* 4*d.*; but as this is rarely possible in a country district, the cost of making the provision has to fall, not on the owner of the property having no water, but on the whole body of ratepayers. Many complaints have been made as to this, an arrangement which, as Mr. Turner observes, offers an inducement to unscrupulous owners of property to delay making a proper provision, as regards water, until the neglect becomes a local scandal, and then the burden is thrown upon all parishioners alike.

Ventnor (Urban).—Dr. Woodford, the medical officer of health for the urban sanitary district of Ventnor, has recently issued his report on its health and sanitary condition during last year. The mortality statistics of the year indicate that the health of the town last year was eminently satisfactory. Not only was the general death-rate low, but the rates of zymotic fatality and infant mortality were considerably below the average. The population of this sanitary district increased from 4841 in 1871 to 5684 at the census last year. The unusually low birth-rate of 20·7 was recorded, showing that the constitution of the population as regards age and civil condition must be very different from that which prevails in most urban districts. The 104 deaths during the year were equal to a rate of 18·3 per 1000 of the estimated population. Dr. Woodford naturally, however, points out that this death-rate cannot be accepted as fairly representing the rate of mortality of the resident population, as 16 of the 104 deaths were recorded in St. Catherine's Home for advanced consumption, and 33 of the other deaths are stated to have been not of inhabitants, "but of strangers who are known to have come into the district with their fatal illnesses upon them." Making this deduction, Dr. Woodford arrives at the conclusion that 9·6 per 1000 was the more correct death-rate in Ventnor during 1881. There can be no question that the deaths of consumptive visitors recorded in Ventnor, whether in hospital or in private houses, may fairly be excluded from the estimation of the true death-rate of the residents of Ventnor. It would, however, be desirable to know what is Dr. Woodford's precise definition of a resident and of a stranger. The population of Ventnor is too small to yield mortality statistics for a single year which may safely be used for comparative purposes, but the corrected death-rate of 9·6 strongly suggests over-correction, although this exceptional rate may be due to the frequent wide variation of results calculated from small numbers. In point of fact Dr. Woodford makes the corrected death-rate of the preceding year 18·2 per 1000. There can be no mistake, however, about the satisfactory conclusions to be drawn from the comparative freedom from fatal zymotic disease enjoyed by Ventnor last year. Two deaths, each from typhoid fever, and two from puerperal fever, were the only fatal cases of the principal zymotic diseases; no death being referred either to measles, scarlet fever, small-pox, diphtheria, or whooping-cough. Notwithstanding this favourable bill of health it is unsatisfactory to hear that "no success has attended the board's efforts to establish a hospital for infectious diseases." The public has a right to expect health resorts to provide themselves with such hospital accommodation in the interest of their visitors. It is undoubtedly a step in the right direction, that the sanitary authority is prepared to give sanitary certificates to houses which fully comply with the requirements of the authority. Only sixteen of such certificates have yet been granted in Ventnor, and it really rests with public opinion to bring pressure to bear upon lodging-house keepers, in order that they may learn to recognise the desirability of obtaining these certificates.

Belfast.—For the four weeks ending July 22nd, the births registered amounted to 494, and the deaths to 336, including 47 deaths from zymotic diseases and 117 from diseases of the respiratory organs. One death from small-pox was recorded during the month. The death-rate was equal to 21 per 1000. There has been a considerable decrease in the number of cases of small-pox and also of typhus fever; and the only zymotic disease that has exhibited an increase is diarrhœa, probably due to the unripe fruit used causing gastric and intestinal affections.

Cork.—During the four weeks ending July 15th 143 births occurred, being equal to 23·07, and the deaths to 124, or 20·50 per 1000. Deducting the deaths occurring in the workhouse the urban death-rate was 15·09. Fever of every description, especially typhus, has shown a decided decrease as compared with the previous return.

ASHPIT NUISANCES.

The *Local Government Chronicle* records some proceedings which were taken at Chesterfield in order to secure the abatement of a nuisance arising from certain uncovered ashpits. These receptacles were alleged by the medical officer of health and the inspector of nuisances for the borough to contain liquid contents, which soaked through the walls and, hence, to cause an offensive nuisance. A physician, who was apparently one of the defendants, to our astonishment, undertook to defend these structures before the bench, declaring that ashpits ought to be uncovered and that the proposal to cover them in was in disregard of the true laws of health and sanitation. In one sense, perhaps, the defendant was right. If ashpits and similar receptacles for vegetable and other filth are to be left exposed to rainfall and soakage—an arrangement which will certainly facilitate the rapid decomposition of their contents,—it may be doubtful how far it is wise to hide the sloppy stuff under a cover, rather than let it be open to view, for where so exposed the tenant more immediately concerned will get such advantage as may result from the emanations being blown from his own into his neighbours' premises, and the district as a whole will at least be able to see to what the nuisance is really due. But here all advantage ceases. Ashpits should be so constructed, both by being raised somewhat above the surrounding ground and by being covered in, as to prevent that wetness of contents which is due either to soakage into them of subsoil water or to rainfall. Since it is precisely this wetness which does the harm, the need for a place open to such breezes as will carry away foul effluvia will then be practically gone. In short, it is dryness of contents which must, as far as possible, be secured; for the drier the refuse, the less chance is there of that decomposition which leads to nuisance and injury to health. The Chesterfield magistrates acted wisely; they accepted as correct the opinion of their medical officer of health, and ordered that the nuisance resulting from the uncovered ashpit should be abated.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, 5748 births and 3270 deaths were registered during the week ending the 5th inst. The annual death-rate in these towns, which had been equal to 19·0 and 19·6 in the two preceding weeks, further rose last week to 20·1. The lowest rates in these towns last week were 10·6 in Derby, 13·3 in Halifax, 13·8 in Brighton, and 14·9 in Bristol. The rates in the other towns ranged upwards to 25·0 both in Sunderland and Huddersfield, 25·1 in Liverpool, 26·9 in Leicester, and 30·8 in Man-

chester. The deaths referred to the principal zymotic diseases in the twenty-eight towns were 699, showing a further increase of 64 upon recent weekly numbers; 390 resulted from diarrhœa, 86 from scarlet fever, 78 from whooping-cough, 74 from measles, 50 from "fever" (principally enteric), 16 from diphtheria, and 5 from small-pox. The lowest death-rates from these diseases last week occurred in Plymouth and Oldham, and the highest in Hull, Sunderland, and Leicester. Whooping-cough caused the highest death-rates in Birkenhead and Preston; scarlet fever in Derby and Sunderland; measles in Hull and Sunderland; and "fever" in Derby and Hull. The fatal cases of diarrhœa in the twenty-eight towns last week showed a further marked increase upon recent weekly numbers, but were again considerably below the average for the season; the highest death-rates from this disease were recorded in Sunderland and Leicester. Of the 16 deaths from diphtheria in the twenty-eight towns 15 occurred in London, and 1 in Hull. One fatal case of small-pox was recorded in London, 3 in Newcastle-upon-Tyne, and 1 in Hull. The number of small-pox patients in the metropolitan asylum hospitals, which in the fourteen preceding weeks had declined from 350 to 159, further fell to 138 on Saturday last; 16 new cases of small-pox were admitted to these hospitals during last week, against 20 and 10 in the two previous weeks. The deaths referred to diseases of the respiratory organs in London, which had been 157 and 183 in the two preceding weeks, further rose to 193 last week, and were 22 above the corrected average number in the corresponding week of the last ten years. The causes of 75, or 2·3 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Norwich, Nottingham, Derby, and Bolton; whereas the proportions of uncertified deaths were largest in Sunderland, Wolverhampton, Salford, and Preston.

HEALTH OF SCOTCH TOWNS.

The annual death-rate in the eight Scotch towns, which had been equal to 21·7 and 21·3 per 1000 in the two preceding weeks, was again 21·3 in the week ending 5th inst.; this rate exceeded by 1·2 the mean rate last week in the twenty-eight large English towns. The deaths referred to the principal zymotic diseases in these Scotch towns were 112 last week, and differed but slightly from the number in the two previous weeks; they included 55 from diarrhœa, 17 from measles, 13 from whooping-cough, 10 from "fever," 10 from diphtheria, 7 from scarlet fever, and not one from small-pox. The death-rate from these principal zymotic diseases averaged 4·8 per 1000, and was 0·5 above the mean rate from the same diseases in the large English towns. The 55 deaths attributed to diarrhœa in the eight towns showed a decline of 9 from the number in the previous week, but exceeded by 7 the number in the corresponding week of last year. The fatality of diarrhœa in the Scotch towns continues to show a marked excess upon that recorded in the English towns; the largest proportional excess occurred in Glasgow and Greenock. The 17 fatal cases of measles showed an increase of 10 upon the number in the previous week, and included 7 in Dundee and 6 in Leith; 38 fatal cases of measles have occurred in Dundee since the beginning of July. No fewer than 10 of the 13 deaths from whooping-cough were returned in Glasgow. The 10 deaths referred to "fever" included 3 in Glasgow, 3 in Edinburgh, and 2 in Dundee; while the 10 fatal cases of diphtheria, of which 5 occurred in Glasgow and 2 each in Aberdeen and Greenock, showed an increase upon recent weekly numbers. The 7 deaths from scarlet fever included 3 both in Glasgow and Paisley. The deaths referred to acute diseases of the lungs in the eight towns, which had been 95, 80, and 82 in the three previous weeks, declined to 74 last week, and were fewer by one than those attributed to these diseases in the corresponding week of last year.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 21·9 and 20·8 per 1000 in the two preceding weeks, rose again to 22·9 in the week ending the 5th inst. During the first five weeks of the current quarter the death-rate in the city has averaged 20·6 per 1000, against 18·1 in London and 18·6 in Edinburgh. The 153 deaths in Dublin last week showed an increase of 14 upon the low number returned in the previous week, and included 7 which were referred to "fever" (typhus and enteric), 6 to diarrhœa, 2 to measles, 1 to diphtheria, and not one either to small-pox, scarlet fever, or whooping-cough. Thus 16 deaths resulted from these principal zymotic diseases, against 8 and 12 in the two preceding weeks; these 16 deaths last week were equal to an annual rate of 2·3 per 1000, against 3·7 in London and 2·9 in Edinburgh. The deaths referred to different forms of "fever," which had been 3 in the previous week, rose last week to 7, and exceeded the number returned in any week since April last. The fatal cases of diarrhœa were 6 last week, against 7 and 5 in the two preceding weeks. The 2 deaths attributed to measles were one less than the number in the previous week. The fatal case of diphtheria was the first recorded in the city since the commencement of the current quarter. The deaths of infants showed a slight further increase upon recent weekly numbers, while those of elderly persons were less numerous. The causes of 20, or 13 per cent., of the deaths in the week were uncertified.

THE SERVICES.

ARMY MEDICAL DEPARTMENT.—Surgeon-Major Richard Turner, M.D., has retired upon temporary half-pay. Surgeon John Mulrenan, M.D., has retired upon temporary half-pay.

RIFLE VOLUNTEERS.—19th Lancashire (not Lanarkshire, as misprinted last week): James Booth Clarkson, Gent., to be Lieutenant.

ADMIRALTY.—The following appointments have been made:—Staff Surgeon James H. Martin (additional), for medical charge of crews of the transports in Egypt; Staff Surgeon Edward Meade to be Fleet Surgeon; Surgeon John O'Callaghan, B.A. (additional), for charge of crews of the transports in Egypt; Surgeon William Brown and Surgeon John Cassilis Birkmyre Maclean, M.A., M.B., to be Staff Surgeons, the latter reappointed on promotion to the *Alexandra*; Fleet Surgeon William Henry Cruice, to the *President* (additional); Staff Surgeon William Browne, to the *Monarch* (reappointed on promotion); Surgeon John William Davis, to the *Duncan*, vice William F. Spencer.

In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Fleet Surgeon Bradley Gregory has been placed on the Retired List of his rank.

Dr. George Chadwick has been appointed Surgeon and Agent at Lynn and detachments, vice Mr. Woodward.

Correspondence.

"Audi alteram partem."

EDUCATION IN SCOTLAND.

To the Editor of THE LANCET.

SIR,—Permit me to rectify a slip made by your esteemed correspondent last week, in saying of a recent address by me that I "showed that while in regard to the Arts course the Scottish Universities were perhaps behind those of England and Germany, such could not be said of the medical." I should be sorry, indeed, to make any such statement in regard to our Arts education. What I said of the Arts course was: "The Arts students in Scotland are, on an average, younger than in England and Germany, and that this might be, to some extent, changed with advantage, and also some reasonable amount of option allowed in the studies for the Arts degree, is now pretty well agreed, and it is for such objects mainly that the appointment of a Universities' Commission is expected soon. But as to the Arts studies in the two kingdoms, it is a question which system is the better one. The Scottish system is one intended for the education of the professions, and for those of the commercial world whose parents appreciate the value of a good education. The youth is sent to a Scotch University to work, which also means economy; while to Oxford or Cambridge he goes with a large sum of money in his pocket. This may suit a certain section of the community in England, but that the Scottish system is the better of the two for the life and progress of the nation few will doubt, and it may be said that what England wants for its higher education is a number of universities, in its chief centres, modeled on the Scottish system."

Since the publication of the Report, of 1880, of the Committee of the House of Commons on the Medical Acts Amendment Bill, we have heard little of that criticism of the medical system of the Scottish Universities with which we had been before favoured from London, and we shall have still less of it now that the Report of the Royal Commission on the Medical Acts is published. We are now being lectured from England on our Arts system in the style in which lofty people write of that which they do not understand. The more our English friends look into the system of the Scottish Universities, the more they will perceive that it is a system which English reformers would do better to try to copy than to criticise. I am, Sir, yours truly,

Aberdeen University, August 7th, 1882. JOHN STRUTHERS.

SURGICAL DRESSINGS.

To the Editor of THE LANCET.

SIR,—Dr. Edward Thompson in your issue of the 29th ult. recommends the use of the dry puffball (Lycoperdon giganteum) as a hæmostatic and surgical dressing. The part used is the interior, consisting of the dry capillitium and spores. I have seen many cases in which this substance has been used as an hæmostatic, for there is hardly a farmhouse in this district in which a dry puffball is not to be found stored up against an emergency. The great disadvantage in its use is that, although undoubtedly a powerful hæmostatic, so tender is the substance, and so firmly does it cling to the interior of a wound, that it is almost impossible to completely remove it, and I have had many a tedious half-hour when I was house-surgeon attempting to do so. While undoubtedly a powerful agent in arresting non-arterial hæmorrhage, its use is at the same time inimical to union by first intention. I am, Sir, yours truly,

King's Lynn, August 3rd, 1882. CHARLES B. PLOWRIGHT.

THE COSTLINESS OF MEDICAL BOOKS.

To the Editor of THE LANCET.

SIR,—I often wonder how it is our medical literature is published at so high a price. It is so costly that a large portion of it is beyond the possession of a considerable section of the profession. The vast majority of medical men are practically excluded from reading our best standard works on medicine, surgery, and physiology, from their inability or disinclination to pay two, three, or four guineas for a work, no matter what its merits. I know of no other kind of book knowledge that is placed beyond the reach of its aspirants, by virtue of its costliness, so much as medicine and its allied sciences. Take theology as an example. It is published at a price so inexpensive that the million are able to procure it. And all other scientific works are much on a par, and yet they are embellished by diagrams, wood engravings, and illustrations of every kind, which so greatly enhance the cost of production. Sir H. Thompson has set a good example in issuing a cheap edition of his lectures on urinary disorders, and one worthy of imitation. I have no doubt it is proving highly remunerative. If authors would bring out their works in a reasonably cheap form they would soon find their productions give them better pecuniary results, and their publishers would not be hampered by having their shelves burdened with slow-selling or unsold editions, which ought to be lying on the shelves of professional private libraries. There are hundreds of works unread which those of us who do not belong to a Medical Society library never can peruse because we cannot afford to purchase them. I know of no solid reason why this state of things should continue. It would be invidious to single out any work of high merit as an instance of costliness, but if we cast our eye over the advertisement pages of THE LANCET, or glance at such a list as Churchill's, we see numberless cases establishing my proposition. In one list of Churchill's books, advertised in Gowers' "Diseases of the Spinal Cord," I find the value of the books therein announced is over £150, and it is stated to be only a *selected* list. To form a good medical library one would have to spend a small fortune, and yet it is expected we all should know something of every work sent out. Those of us who wish to be abreast with the current literature are supposed to read the leading books as they appear, and to be well informed this becomes almost an absolute necessity. There is an ever-recurring change in our views, and new features and opinions are cropping up with a rapidity perfectly marvellous, if not appalling. Let all, then, have a chance of obtaining knowledge by placing within the reach of all the treatises which supply it, and I warrant thousands of books will be bought in place of one now at the exclusive price they are published.

Let me urge you, Sir, as THE LANCET is the acknowledged organ of the profession, to take this question up seriously; and I doubt not you will soon so influence opinion amongst authors and publishers that a new order of things will prevail, and you will thus confer a lasting benefit on the medical world. I am, Sir, yours truly,

Southport, Aug. 3rd, 1882. G. B. BARRON.

"SALICYLIC SILK."

To the Editor of THE LANCET.

SIR,—Dr. McGill finds fault with me for saying that the mackintosh was used at Leeds even with the salicylic silk. I am sorry if I have been incorrect in my statement, but my authority is the paper of Mr. W. H. Brown, which I mentioned. He says: "I place over the wound a piece of gauze soaked in five per cent. solution of carbolic acid; then surround the wound with a double handful of salicylic silk; over this I put the gauze and mackintosh pad, and bandage in the ordinary way."—Yours faithfully,

J. LOCKHART GIBSON, M.B., C.M.

Edinburgh, August 7th, 1882.

NOTIFICATION OF INFECTIOUS DISEASE.

To the Editor of THE LANCET.

SIR,—This town being one of those in which the Notification of the Infectious Disease Act is in force, on June 6th I certified to the medical officer of health that F. W—— was suffering from scarlet fever. The nuisance inspector visited the house, forbade the patient's father, a cabdriver, to ply for hire, offered him employment in the town's service (which, unfortunately, he was unable to perform), still living and sleeping at his own house, and gave him leave to ply again on the 18th (desquamation commenced about the 14th, and was not complete on the 28th). He paid another visit on June 17th, in consequence of which, on June 20th, I wrote a letter, of which the following is a copy, to the Sanitary Committee:—

"Gentlemen,—I found this morning that the sanitary inspector had visited a house wherein I have a patient suffering from scarlet fever; that he had given the mother a prescription, and exacted a promise from her that the same would be taken to Mr. ——'s (chemist) shop, where the accompanying bottle and contents were received. He had directed that my patient be bathed or sponged, and afterwards rubbed with the contents of the said bottle. Now, I request to be informed by whose authority your servant (whom I believe to be ignorant of any knowledge of the practice of medicine) has thus ordered and prescribed for a patient of mine. If this were done by a medical practitioner, it would merit severe condemnation, as ungentlemanly and unprofessional, but if practised by a nuisance inspector, some of the members of your body know may simply mean murder at no very distant date."

This letter was read at the meeting on June 21st, and, although there was another ordinary meeting on July 19th, I have not received any reply; and yet I think five minutes' examination would enable the Sanitary Committee to say whether they themselves, the medical officer of health, or the nuisance inspector was the authority. On the 20th, after writing the above letter, the inspector called on me, bringing the prescription, in the handwriting of the medical officer, which I quote from memory:—"For the Corporation. ℞. Ol. communis fl. ℥ viii., acid. carbol. ℥ ii. To be used &c. For scarlet fever patients." The inspector told me that before directing the mother he had asked her if I had given over attending the case, and that the mother had answered "Yes," which I told him entirely altered my view of the matter; and if he had so done, as he said he was sorry for having interfered, I promised to withdraw my letter. But next day the mother and her sister gave me a written statement, duly signed, that the inspector did not even ask the question, and circumstantial evidence bears her out; for

on the 17th she told a neighbour that I was going to call again, and F. W—— on that day could not walk, if stand. I therefore did not withdraw my letter.

I and my colleagues wish to know if this is the usual manner in which the confidence of medical practitioners is abused who work under the above-named Act, and shall be glad to have your opinion on the matter.

I am, Sir, yours truly,

Blackpool, August 4th, 1882. R.

DEATHS FROM ANÆSTHETICS.

To the Editor of THE LANCET.

SIR,—Having observed at various times in the medical journals accounts of deaths from the effects of the administration of anæsthetics (chiefly chloroform), and the measures adopted to rescue the patients' lives, I have been much surprised to find that no mention has been made of the hypodermic injection of the ordinary anæsthetic ether, possibly because, I presume, this has not been adopted. I believe a drachm may be regarded as a moderate quantity, and may be followed by the like dose five or ten minutes afterwards if necessary. I do not claim any originality for the suggestion, but merely wish to more widely circulate the fact, for I have seen this treatment resorted to on several occasions, invariably with marked success, even when others, such as artificial respiration, electricity, &c., have failed—indeed the only death I have seen from the effects of an anæsthetic was in a case where the hypodermic injection was not used.

In conclusion, I may mention that it is advisable to use a larger syringe than those ordinarily used for the injection of morphia, and to have a sliding piston instead of a screw.

I am, Sir, yours truly,

Baron's Court, S.W., July 31st, 1882. R. FITZROY BENHAM.

DURHAM UNIVERSITY.

(From a Correspondent.)

THE Jubilee of this University was celebrated at Durham most successfully in the last week of June in various ways. A beautiful heraldic window has been erected in the magnificent hall of University College. The new University Buildings on Palace-green came into use in the early part of this year.

On June 27th, at Convocation a large number of honorary degrees were conferred on noblemen connected with the north of England, and men distinguished in the sciences and arts. Amongst those who received the honorary D.C.L. were George Yeoman Heath, M.D. Dur., President of the College of Medicine, and G. H. Philipson, M.D. Dur., F.R.C.P., the Professor of Medicine. In the evening of the same day a grand concert was given by members of the University in the new buildings.

Thursday, June 29th, was the great day of the Jubilee week. University services were held in the cathedral, and in the evening a dinner in the great hall of University College, when the Warden of the University, the Very Rev. W. C. Lake, D.D., Dean of Durham, announced that the Bishop of Durham and the Visitor of the University would that day place at the disposal of the University £1000 for the purpose of founding a scholarship in memory of his predecessor, the great promoter of literature, Richard de Bury.

The number of students in this the fiftieth year of the University's foundation is as follows: University College, 111; Bishop Hatfield Hall, 110; the College of Medicine, 127; the College of Physical Science, 82; unattached students, 72. The total number of members of the University is 2118.

GLASGOW.

(From our own Correspondent.)

AT the last meeting of the managers of the Royal Infirmary the vacancies on the Dispensary staff were filled up by the appointment of Drs. J. Wallace Anderson, J. Dougall, D. Campbell Black, Brock, and Shaw to the various posts. There was a warm contest, and most of the candidates canvassed very freely.

I notice that the Executive Committee of the Southern Hospital, having secured an excellent site, invite architects' plans for a hospital of 120 beds, the cost not to exceed £20,000. A premium of £50 is promised for the best design. It is just possible that the Committee may lose the fine site they had arranged for, as some of the members of the Town Council profess to have discovered that in parting with the ground at a merely nominal sum the Council acted illegally, being formally bound to obtain the ordinary market value for all land sold. If this be so, it will be a serious matter for the proposed hospital, as it will add about £10,000 to the £5000 already agreed upon.

Dr. J. B. Russell, in his health report of a fortnight ago, made some interesting statements regarding the use of "turned" milk for children. He points out that while the death-rate from lung affections had fallen considerably, that from diarrhœal affections among children had risen as high as during the very warm, dry summer of 1880, and this, notwithstanding the recent moderate temperatures and excessive rainfall. The prevalence of diarrhœa may be fairly ascribed to the changes effected in milk by the electrical disturbances so frequent here of late, the majority of deaths having probably occurred among what we know as "bottle babies." Dr. Russell enjoined the greatest care on the public in the keeping of milk and of feeding bottles.

SCOTTISH NOTES.

(From our Correspondent.)

INVERNESS is at present suffering from a scarcity of water, which must be most disappointing to those who favoured the gravitation scheme a few years ago. It was carried out at a large cost, and Loch Ashie was believed to be capable of supplying the town abundantly. It is not quite clear from what cause the present scarcity has arisen, and the subject is now under the anxious care of the authorities. Rumour has it that the quality of the present water is most questionable, and it will be expected that a town with such a tourist traffic will raise itself above suspicion in this important matter.

A large number of newspapers, received from Perth and Dundee, show the great interest at present existing in the former town regarding its sanitary state. It would appear that during last winter a course of health lectures was delivered by the local medical men in Perth, and that in one of these, on "Epidemics," Mr. Trotter, L.R.C.P. Ed., passed some very severe strictures on the condition of the town, particularising many matters and places, which he alleged were in a disgraceful state, and wondering that epidemics were ever absent. Much of this had often been said before, but the forcible language of Mr. Trotter roused the indignation of the authorities, and they denounced him in unmeasured terms, denying his statements by their own and the mouth of their medical officer, Mr. Simpson, M.B., *in toto*. An inspector from the Board of Supervision, attracted by the lecture and its discussion, paid Perth a visit, and his report in all essential matters bore out the justice of the outside criticism, both with regard to the insanitary state of the town and the unsatisfactory source of the water-supply, which is taken from the Tay after it receives the whole sewage of the town, and of many other villages on its banks. The authorities, again faithfully backed by their medical officer, next reply in their former manner to the strictures of the inspector, and Mr. Simpson writes a report. I notice that the newspapers commenting on the subject think Mr. Trotter more deserving of thanks than censure, but as the discussion has now come down to personalities, it may be pointed to as a fair example of "how not to do it." Let us hope that both sides may cool in their criticism of each other, and unite to bring about a better condition of matters in the "Fair C.ty."

The presentation to Mr. Sinclair, M.B., Aberdeen, mentioned by you last week, was richly deserved, as he, with great enthusiasm and success, organised a class at the Infirmary for practical work. No fee was charged to the student, and this is nowadays something to be noted.

PARIS.

(From our Paris Correspondent.)

HERNIA is a much more common infirmity than is generally supposed. A well-known "bandagiste" or truss maker in Paris has drawn up a statistical table comprising a period of fifteen years, from April 1st, 1865, to April 1st, 1880. According to this report, he had during that period 53,489 applications for trusses for both sexes, which he has classified as follows:—

	Men.	Women.
Inguinal hernia (simple) . .	32,866	928
Inguinal hernia (double) . .	8637	419
Femoral hernia (simple) . .	177	1726
Femoral hernia (double) . .	205	925
Umbilical hernia	1935	2782
Ventral hernia	88	411
Other herniæ	1276	711
Double herniæ	343	60
	45,527	7962
	53,489	

From the above table it will be seen that inguinal herniæ, which are more frequent in men, are rarely found in women; femoral herniæ, on the contrary, may be said to be peculiar to women; and it was for this reason that our forefathers gave it the name of "woman's hernia." The great disproportion between the number of herniæ in men, and the number of the same nature in women, is due to the anatomical construction of the pelvis, which is so essentially different in the two sexes. It may be observed, also, that umbilical and ventral herniæ are very frequent in women who have borne a number of children, and particularly when they become pregnant at short intervals.

Since the abolition of the "Tours" or foundling hospitals infanticides have become much more common in this country. During last month two cases were tried at the Court of Assizes for this abominable crime. One was for the murder of a new-born infant by its mother, a young girl who had been seduced. The crime was effected by the child being thrown down the pipe in the privy leading to the cesspool. The mother got off with "extenuating circumstances," as the medical man called in to give evidence gave a certificate to the effect that the child was so small, it having only reached the eighth month of intra-uterine life, that it could easily have slipped through the opening in the pan without the employment of force, and it bore no marks of violence. It was, however, proved that the child was born alive, but that its death might have been caused by congenital weakness.

The next day another case was brought before the Court of Assizes for the same crime. Here also the heartless mother resorted to the same means as the above; but the child, which was at full term, could not get lower down than the circular opening of the pan, where its head was engaged, and some of the lodgers passing by the privy, hearing the cries of an infant, opened the door, and saw the feet of a child, which was evidently struggling for life, with its head downwards. A medical man was immediately sent for, and he soon extricated it from the perilous position alive. Notwithstanding the persistent denial of the accused of her intention of putting an end to the child's life by the means she had recourse to, pretending that the child had escaped from her while she was at stool, there was sufficient evidence to show that she fully determined to put the atrocious act into execution. She was in consequence, in spite of the "extenuating circumstances" that were allowed her, condemned to hard labour for life.

Only on Saturday last, a domestic servant, who had concealed her pregnancy and done her work to the moment she was taken in labour pains, retired to her own room and there went through the process of parturition without her neighbours having the least suspicion of what was taking place. As soon as the child was born (alive) she strangled it and concealed it under her bed. After the horrible crime was accomplished she attempted to resume her work, but was unable to undertake it; and her mistress, finding that she looked so ill, desired her to return to her room, to which she accompanied her, and, discovering the dead child, the servant, of course, made a full confession of what had taken place. The lady immediately made a report of the circumstance to the police, and an inquiry has been instituted.

A batch of savages has just been brought over from Maroni, in Guiana, and are quartered in the Jardin d'Acclimatation. They are fourteen in number, consisting of an old mother (whose age is unknown), a grown-up girl (who seems somewhat civilised), three boys from eighteen to twenty years of age, two young mothers of fifteen and sixteen each, with a suckling baby and seven other children. Their legs are tattooed, and their upper lip is also tattooed in the form of a moustache, the lower lip being pierced through with a thick pin, which serves as an ornament. The Comte de La Grange, who brought them over, also brought with him some specimens of earthenware, which are very interesting and curious. Their habits are very simple; but they object to eating before strangers. Their only clothing consists of a sort of bathing drawers reduced to its simplest expression. The seven children are very handsome; their features are regular, their complexion slightly copper coloured, and were it not for their tattooing and their complete nudity, they would at first sight be taken for Bohemian gipsies.

Dr. Pidoux died on the 4th inst., at his residence in Paris, from diabetic gangrene. He was more than an octogenarian, took his degree in 1835, and has been a member of the Academy of Medicine since 1864. Dr. Pidoux has written a great deal; but his principal work is his "Traité de Thérapeutique et de Matière Médicale," the first edition of which was published in 1839, in conjunction with the late Dr. Trousseau. He was for a long time principal physician at the Eaux-Bonnes, and was a great authority on matters connected with the therapeutic action of sulphurous waters. He was also Officier of the Legion of Honour.

Paris, Aug. 8th, 1882.

NEW YORK.

(From our own Correspondent.)

I HAVE the pleasure of stating that all arrangements for the opening of the New York Post-Graduate School of Medicine, on November 1st next, are now complete, and, with the exception of one chair, the Faculty is named. I consider this will be one of the most interesting events in the annals of medicine on this continent, and will mark a new era in regard to medical education. Arrangements had been made for the opening of such a course in connexion with the Medical School of the College of the City of New York, but a programme agreeable to all could not be submitted, and those most interested in the success of the movement resigned their positions and determined on independent action, the result of which is the inauguration of the new school of medicine in Twenty-third-street, New York City.

The Faculty will comprise the following eminent physicians, who are all accomplished specialists, in the department of medicine over which they will preside:—James W. Little, M.D., Professor of Clinical and Operative Surgery; Wm. A. Hammond, M.D., Professor of Diseases of the Mind and Nervous System and Medical Electricity; D. B. St. John Roosa, M.D., Professor of Diseases of the Eye and Ear; Henry G. Piffard, M.D., Professor of Diseases of the Skin; Frederick R. Sturgis, M.D., Professor of Diseases of the Genito-urinary Organs and Venereal Diseases; M. A. Pallen, M.D., Professor of Diseases of Women and of Operative Midwifery; Thomas E. Satterthwaite, M.D., Professor of Histological and Pathological Anatomy; Mary Putnam Jacobi, M.D., Professor of Diseases of Children; E. C. Spitzka, M.D., Professor of Medical Jurisprudence and State Medicine; William J. Merton, M.D., Associate Professor of Diseases of the Mind and Nervous System; Herbert G. Lyttle, M.D., Associate Professor of Genito-urinary Diseases; William H. Porter, M.D., Associate Professor of Histological and Pathological Anatomy; Edward T. Ely, M.D., Associate Professor of Diseases of the Eye and Ear; W. Ward, M.D., Associate Professor of Diseases of the Throat; W. T. Alexander, M.D., Associate Professor of Diseases of the Skin.

No undergraduates will be admitted to this College, it being opened for physicians only, the idea being not to in-

crease the number of doctors, but to raise the standard of medical knowledge among those already in practice. The course of study will be by clinics and demonstrations in contra-distinction to the lectures given at other medical schools.

In looking over the names of the faculty your readers will notice that of a woman, Dr. Mary Putnam Jacobi. I believe this to be the first instance of a lady being elected to a professorship in a medical school. Whatever opinion may be expressed respecting this innovation, there can be but one as to the fitness of this lady for the position in question. Dr. Mary P. Jacobi's skill in treating the diseases of children is acknowledged by the medical profession, and her instruction in this department will be a welcome addition to the excellent course of study which will be provided.

The opening of the New York Post-Graduate School of Medicine is the outgrowth of a movement which has been at work for some years. The medical profession has been aware that the course of instruction provided for graduates of medicine was totally inadequate, and that the majority of those taking their degrees were unfit to practise medicine. All recent efforts to raise the standard of medical education have been abortive, and, with few exceptions, even the extended time for study has been reduced to the old limits. It is four years since I had occasion to look into this subject, when I wrote editorially in the *New York Times*, with the effect of improving the course of study at the medical school of the Johns Hopkins University then about to open. At that time (and I fear the conditions are little changed) I found there were sixty-five medical schools in the United States besides those devoted to homœopathy, eclectic, botanic, and other systems. During the winter of 1866–7 these sixty-five schools had 7141 students, of whom 2313 graduated as Doctors of Medicine in the spring. In only five of these schools was there a graded course of three years, and in only two was a preliminary examination required, and that of a very low grade. Of the remaining schools, I was informed on the best authority, only fifteen could be said to be doing fairly good work, that is to say, as good as there is a demand for. This leaves forty-three medical schools, out of a total of sixty-five, that were doing poor, indifferent work. The course of medical study in the United States is wrong from first to last. In the first instance, the student is supposed to have studied with a private preceptor for one year before he takes his medical course. Surely this is a farce and a waste of time, for when the student should be studying anatomy, chemistry, and physiology, his attention is directed to practical medicine and surgery. I then summed up the defects of the American system as follows: 1st. The absence of a preliminary examination. 2nd. The very short period of the studies required. 3rd. The want of training in the practical branches. 4th. Absence of any grading in the curriculum. 5th. The examination of the candidates for the degree by those having a direct pecuniary interest in their success. The medical schools of New York, Boston, and Philadelphia afford excellent opportunities for making good general practitioners, and only need reforms extending the time of study. Doubtless there are plenty of young men who have sense enough to know that a thorough medical education will pay in the long run in spite of the time and money it costs. To such the new Post-Graduate School in New York City will be a boon, presenting opportunities for completing their knowledge of any particular department of medicine which they consider essential to their future success. From my personal knowledge of many members of the faculty I can testify to their being gentlemen who have offered their services from the best motives, desiring to elevate the profession of which they are distinguished members, and to improve the standard of medical education. I understand the success of the new medical school is assured. It would be a disgrace if it were otherwise.

July 22nd, 1882.

[Our New York correspondent wishes us to request residents in the United States to forward matter suitable for insertion in correspondence to him, addressed THE LANCET, P.O. Box, 3230, New York City.]

THE Birmingham Borough Hospital and offices of the Health Department, three miles away, have had telephonic communication established between them in order to lessen the risk of the spread of infection by friends visiting patients.

MEDICAL NOTES IN PARLIAMENT.

Irish Lunacy Officials.

IN the House of Commons on Thursday night, the 3rd inst., during the discussion of the Irish votes in Committee of Supply, Mr. Blake complained that two of the inspectors of lunatic asylums in Ireland were too old and decrepit for their duties, and ought to be retired. Mr. Findlater drew attention to the discrepancy between the terms of the retirement of lunacy officials in England and in Ireland, showing that they were much to the disadvantage of the Irish officers. —Mr. Trevelyan, in a general reply, stated that it was his intention during the next four or five months to personally inquire into the constitution and administration of all the public departments in Ireland.

Registration of Midwives.

Petitions in favour of a system of registration of midwives continue to be presented to the House. On Friday three such petitions, and on Tuesday eight, were presented from London, and similar memorials came from Pulborough, Lower Beeding, and Slaugham.

Treatment of Emigrants.

Mr. Moore drew attention to this subject on Friday, and moved a resolution demanding a revision and reform of the Passenger Acts. He admitted that great improvements had recently been made in accommodation of emigrants on board ship, but contended that much required to be done with regard to their reception and lodgment at the ports.—Mr. Chamberlain said only one of the Atlantic steamship lines had failed to comply with the recent recommendations of the Board of Trade, and that line, he hoped, would not be long recalcitrant. No reform of the law appeared to be required, although a revision of the Passenger Acts might be useful. As to the overcrowding of Scandinavian emigrants at Hull, it was doubtless unsatisfactory; but cases of hardship only occurred during the busiest season. The question of the erection of depôts for their reception was under consideration by some of the companies, but as they could only be used two or three times a year, the general opinion was against the proposal. He thought it better to leave these matters to the voluntary action of the companies, who had expressed their willingness to do anything to promote the health and comfort of the emigrants.—The resolution was negatived.

Lunacy Bills.

On Friday, the Lunacy Districts (Scotland) Bill, which stood for Committee, was withdrawn.

On Saturday, the Lunacy Regulation Bill passed through Committee, and it was read a third time on Tuesday. Some hostility was shown to the measure by Mr. Warton, Sir H. Holland, and Mr. Montagu Scott, on the ground that it proposed to reduce the number of official visits to Chancery lunatics from four to two visits per year, in order to save appointing more visitors. Mr. Hibbert explained that it was only proposed to reduce the visits to lunatics kept in private houses, mostly with friends. There were 400 of these. There were also 800 Chancery lunatics in public or private asylums, and the visits to them were to be increased from one to two per annum. Dr. Farquharson said, those who lived with their friends were harmless lunatics. They did not need frequent inspection, but it was needed in case of lunatics who were only looked after by paid attendants. Mr. Stanley Leighton advocated an increase of the number of visitors, and Mr. Scott denounced the parsimonious system which sought to make money out of the fees levied on account of Chancery lunatics. Eventually the Bill was amended, on the offer of Mr. Hibbert, by making the annual number of visits three instead of two, in regard to private houses.

On Tuesday, Sir W. Harcourt replied to Mr. R. H. Paget that when he had read the report of the Departmental Commission which was appointed in 1881 to consider questions relating to criminal lunatics, and when it had been considered by the Treasury, he would see whether it could be presented to Parliament.

Upon the motion of Mr. Acland, returns were ordered of various details of the cost of the accommodation and maintenance of pauper lunatics.

The Norwich Vaccination Inquiry.

Mr. Taylor, for the third time, put questions to the President of the Local Government Board as to the alleged deaths of

children at Norwich from the effects of vaccination, and Mr. Dodson again replied that he had not yet received the report of the inspector who conducted the inquiry.

Sanitary Regulations in Private Bills.

Mr. Sclater-Booth moved a new standing order for the guidance of Select Committees on Private Bills. It proposed to lay down several general considerations, one of which was whether a Bill gave to any local authority powers relating to police or sanitary regulations which were in conflict with or in excess of the provisions or powers of the general law. The right hon. gentleman explained that his proposal was the outcome of the recommendation of the Select Committee which sat this year on a group of Private Bills dealing with sanitary and police regulations; but Sir Charles Forster, on behalf of the Government, contended that more time was required for the consideration of the matter, and moved the adjournment of the debate, which was agreed to.

Victoria University.

Mr. Mundella stated to Mr. Slagg that the Court of Governors of the Victoria University, Manchester, had determined to petition for power to grant medical degrees. When the petition was received it would be submitted to the Queen in Council. The granting of the prayer of the petition would not be inconsistent with the report of the Royal Commission on the Medical Acts.

On Wednesday, on the motion of Mr. Warton, a return was ordered of the memorials recently forwarded to the Board of Admiralty from inhabitants of Portsmouth and Devonport respecting the working of the Contagious Diseases Acts.

Pauper Lunacy Returns.

The order for Mr. Acland's lunacy returns was discharged, and returns in a different form were ordered on the motion of Mr. Hibbert. These returns will show the population and rateable value of the several unions in England and Wales, the number of pauper lunatics chargeable to each union, the cost of the maintenance of such lunatics in asylums and licensed houses, and the amount of the Parliamentary grant in aid of their maintenance; also the extent of the accommodation in each of the several county and borough asylums in England and Wales, with the cost of additions and structural alterations in each asylum.

Medical News.

UNIVERSITY OF EDINBURGH. — The following is the list of candidates who, having passed the required examinations, received on Aug. 1st the Degrees specified:—

DOCTORS OF MEDICINE.

Barra, Alfred George.
*Bendall, Howard.
Brebner, George Reith.
‡Cameron, R. W. Dickenson.
‡Chisholm, John Merrit.
*Croom, John Halliday.
Druitt, Lionel.
Furley, Wm. Grant.
Guilleinard, Bernard J.
Handford, Henry.
‡Hope, Edward Wm.
Hutchinson, E. De Warren.
‡Leeson, John Rudd.
‡Le Fevre, George.
‡Mackenzie, James.
‡M'Lean, Chas. Alex.
MacLennan, D. Urquhart.
‡Macphail, S. Rutherford.
Mead, Robert Wm.
Oakes, Arthur Wm.
Oliphant, Wm. Bruce.
‡Renton, Jas. Crawford.
†Ross, Joseph Carne.
Shaw, William.
‡Smith, G. Daniel.
*Stuart, T. Peter Anderson.
‡Taylor, Herbert Coupland.
‡Thom, Alexander.
‡Thomson, James.
‡Tunstall, A. Croudson.
Watson, Chas. Scott.
*Wilson, Albert.

BACHELORS OF MEDICINE AND MASTERS IN SURGERY.

Aitchison, R. Swan.
Aitchison, Thomas.
Archer, Leonard Thomas Fitz Samuel.
‖Ashdown, Herbert Harding.
§Ashwell, Frederick.
§Atkinson, G. Armstrong.
Bailey, Thos. Ridley.
Baillie, Peter.
§Basil, Minas Manook.
Basu, Basanta Kumar.
Bell, G. J. Hamilton.
Bell, Horace Lynden.
Benjafield, W. Barnett.
Bolton, J. Shepherd.
Bond, J. H. Richard.
Borrowman, P. Grierson.
Boswell, H. St. George.
Bourne, C. Harper.
‖Bowie, John.
Bowman, Alister Stuart.
Brewis, Nathaniel T.
Bryant, Sidney Wm.
Buchan, W. Augustus.
Burn-Murdoch, Geo.
Bury, Percy Bellamy.
Calvert, Wm. Hall.
‖Campbell, Saml. G.
Charlesworth, Francis.
‖Christie, Arch. Kennedy.
Clayton, J. Simpson.
Closs, J. Osborne.
Cousland, P. Brunelleschi.
Davidson, J. Henry.
Davies, John.
§Delepine, Auguste Sheridan.
‖Dickson, Geo. Cecil.
Dobie, John Robt.
Duckett, John Wilson.
Dumat, Henry Aylmer.
Dunlop, Robt. Smith.
Dutton, Wm. Henry.
Fletcher, Henry Jas.
Forbes, Alexander.
Fraser, Alex. Ross.
Fraser, Elias.
‖Fraser, Thos. Alex.
Galletly, Geo. Wilson.
Gay, William.
Gifford, Lawson.
Gilbert, Herbert Jas.
Giles, Wm. Anstey.
Gillison, Thomas.
Godfrey, Joseph Edw.
Graham, James.
Grant, Francis W.
Grant, Henry Lewis.
Grant, John.
Grant, Wm. Francis.
Greenlees, T. Duncan.
Griffin, John.
Gunn, Clement Bryce.
Gutheridge, G. Fredk.
Hallows, Harry Pinnington.
Hardcastle, Hugo M'Cauley.
‖Hare, Arthur Wm.
Haultain, F. W. Nicol.
Hawkins, Francis H.
Henderson, R. S. Finlay.
Henderson, Selby Herriot.
Herbert, W. Whittington.
Hillier, A. Peter.
Hird, Thos. Alfred.
Holland, Chas. Edw.
Humphreys, Richard.
Hutchison, James.
Isaac, G. Washington.
Jackson, J. Henry.
Jameson, Granville.
Jamie, Robt. Wyatt.
Johnson, Cecil Willoughby.
Johnson, T. Christopher.
Johnston, James.
Johnston, John.
Johnston, J. William.
Jones, Chas. William.
Jones, Daniel Marinus.
Keep, Arthur Corrie.
Kerr, George.
King, Arthur.
Kingscote, Ernest.
Kirby, Ernest Dormer.
Lang, Wm. Henry.
Le Franc, Percival Basil.
Lesly, Robert.
Liddell, John.
Linklater, S. Towers.
Logan, Geo. Duncan.
M'Arthur, Duncan Romaine.
‖Macdonald, W. Burns.
M'Fadyean, John.
Mackay, William.
Mackenzie, Alex. Flyter.
Mackenzie, J. Eddie.
Mackinlay, Robert.
M'Lauchlan, T. Geo.
Macniven, Edw. Orr.
Macpherson, W. Grant.
Macvie, Adam.
Maddox, Ernest Edmund.
Manook, George.
Marais, François Paulus.
Mead, Rivis.
Meggison, T. Cockburn.
Mickle, A. W. T. Flintoff.
Mill, A. J. Macket King.
Mills, Bernard Langley.
Moore, A. Malcolm.
Morgenrood, E. H.
Mouncey, Chas Jas.
Murray, R. Ulysses W.
Myrtle, Jas. Aitken.
Nash, John Brady.
Neale, Alfred James.
Neve, Ernest Fredk.
Oliphant, Eben. H. Lawrence.
Palmer, Edmund Stuart.
‖Paterson, G. Keppie.
§Paton, Diarmid Noel.
Paton, Fredk. Erskine.
‖Philip, Robt. Wm.
Philip, Thomas.
Phillips, J. Randal.
§Purvis, G. Carrington.
Rees, John.
Rendell, Herbert.
Richardson, A. Gordon.
Rowland, Thos. C.
Rozenzweig, Ridley Herschel.
Scott, C. Casely.
Shearer, T. Laidlaw.
Simpson, R. J. Shaw.
Sinclair, Francis W.
Sinclair, F. Archibald.
Skinner, Wm.
Sloan, Allen Thomson.
§Smart, David.
Someren, G. Arbuthnot van.
Spence, J. Buchan.
Stancombe, Ernest H.
‖Stapleton, Joseph.
Stevenson, D. M'Pherson.
‖Stockman, Ralph.
Stookes, Alex.
Suzor, Jean Renaud.
§Taylor, Sidney Johnson.
Taylor, Wm.
Thompson, W. Fookes.
Thyne, Wm.
Tiffen, C. J.
Todd, Percy Everard.
Treharne, David.
Turner, J. Andrew.
Valentine, Alex.
Vaudrey, Edmund.
Verdon, Michael J.
Voigt, Johan Carel.
Walker, Walter Oliphant.
Wallace-James, J. G.
§Watkins, Harold Fuller.
Weston, Wm. H.
Whitaker, John.
Whitham, R. Musgrave.
Whyte, J. Mackie.
Wilcox, Ernest.
Williams, R. Arthur.
Wilson, Hector M'Lean.
Wilson, H. Garnett.
Wilson, Wm.
Woods, W. Cleaver.
Younan, Wm.
Young, G. J.

MASTER IN SURGERY.—Howard Bendall.

The following Prizes &c. were also awarded:—

ETTLES PRIZE. — George Armstrong Atkinson and Sidney Johnson Taylor.
BEANEY PRIZE.—George Armstrong Atkinson.
SYME SURGICAL FELLOWSHIP.—Howard Bendall.
BUCHANAN SCHOLARSHIP.—David Smart.

* Obtained Prizes for their Dissertations.
† Deemed worthy of competing for the Dissertation Prizes.
‡ Commended for their Dissertations.
§ Passed the Examinations with First Class Honours.
‖ Passed the Examinations with Second Class Honours.

UNIVERSITY OF GLASGOW. — At a Graduation recently held the following Degrees were conferred:—

DOCTORS OF MEDICINE.

*Adams, Thos. B., M.B.
Guthrie, Thos. Orr, M.B.
Halket, Geo., M.B.
Orr, Alex., B.S., M.B.
Pollock, Chas. F., M.B.
*Rankin, Guthrie, M.B.
Taylor, David, M.B.

DOCTOR OF MEDICINE AND MASTER IN SURGERY.

Smith, Frederick A. A., England.

BACHELORS OF MEDICINE AND MASTERS IN SURGERY.

†Beith, Robert.
§Bell, Andrew I.
Brown, John.
Buchanan, John.
Campbell, Dugald.
Carroll, Joseph.
Carruthers, John.
§Caswell, Fergus.
Clerk, Norman Macleod.
Crawford, Robert.
Donald, David.
§Dougall, W. T.
Dunlop, John.
Dunlop, Thomas.
Dunlop, Thomas C. C.
Dunn, Thomas S.
Fotheringham, John.
Galbraith, Alexander.
Gallie, Charles Pinel.
Gardner, David.

Gardner, James.
§Geddes, Robert J., M.A.
Gillies, Hugh C.
Gopp, John.
Gume, Thomas J.
Haddow, George.
Haworth, Frederick G.
Henderson, John C.
Henderson, J. H.
Hodgson, Isaac C.
Hood, Alexander J.
Horn, Robert.
Howells, William.
Jardine, James.
Johnston, James.
King, James.
Lawrie, W. J.
‡Love, Duncan.
Lowe, Alexander.
§Marshall, John N.
Martin, Matthew.
Meighan, Alexander.
Miller, James.
Miller, John M.
More, Richard.
Morton, Alexander Y.
Macdonald, J. D.
Macdonald, Thomas.
§Macintyre, John.
§Mackay, John Yule.
McLean, Peter.
Maclehose, Norman M.
Macleod, Herbert A.
§MacMillan, John.
M'Nish, James.
M'Phun, John F.
§Oastler, James.
§Patullo, William.
§Ramsay, Andrew M.
Rennie, James S.
Robinson, William T.
Sandel, Anundo L.
Semple, Andrew.
Simpson, John P.
Sinclair, Dugald.
Sinclair, John.
Smith, Patrick A.
Tennent, James T.
‡Thomson, R. S., B.Sc.
Turner, Andrew D.
Waddell, William.
§Webb, Henry P.
Wilson, James L.
Wilson, William L.
Wylie, John.

* Commended for Thesis.
† Took his Degree with Honours, and was awarded the Brunton Memorial Prize, as the most distinguished Graduate of the year.
‡ Received High Commendation.
§ Received Commendation.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At the July examinations the following obtained the Licence in Surgery of the College:—

James Tandy Bolger, R. H. Coall, Austin Nathaniel Cooper, Percy Herbert Delamere, Bernard Joseph Dillon, Myer Akiba Dutch, John Peter Garland, Arthur Joseph Greene, Alfred Adolphus Hayes, John Colclough Hoey, Timothy Howard, James Lane, Joseph Lalor, John Michael M'Donagh, William M'Gee, James M'Guire, Frederick Joseph M'Naught, Edward Daddy Mullan, Percy Newell, Michael Joseph Nolan, Thomas O'Connell, William Edmond O'Connor, Rowland Pollock, John Turner Power, Francis C. Roe, Robert Corles Sanders, Michael Patrick Sweeny, William Christopher Thompson, John Joseph Todd, Edward W. Wynne.

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Aug. 3rd:—

Blagg, Arthur Frederick, Crowndale-road, Oakley-square.
Brown, James William Henry, Kirksdale-road, Leeds.
Davis, James Warren, Tu Warren, Milford Haven.
Dean, Francis, Overstone-road.
Herron, James, Kingsland.
Hubbard, Arthur John, Ladbroke-terrace, Notting-hill.
Lister, Joseph Herbert, Huntley-street, Bedford-square.
Williams, Robert, Amlwch, Anglesea.

The following gentleman also on the same day passed the Primary Professional Examination:—

Guilding, Lansdown M., Middlesex Hospital.

[In the list of gentlemen who obtained the Membership of the Royal College of Surgeons of England on the 27th ult., the third name should have been Downman, not Dowman.]

THE Royal Hospital for Incurables, Putney, has received a donation of £30 from the Queen.

BUTTERINE.—A Dublin trader was fined £5 last week for selling this compound instead of butter.

AN anonymous benefactor has given £500 to the Yeovil District Hospital.

A MARBLE bust of the late Mr. Frank Buckland has just been placed at the entrance to the Fish Museum, South Kensington.

VACCINATION GRANT.—Mr. Edward East has received the Government grant for efficient vaccination in the Swinefleet district of the Goole Union (second time).

SALE OF POISONS ACT.—At the Clerkenwell Police Court last week a druggist was fined £5 and costs for selling laudanum without attaching to the bottle a label bearing the name of the seller.

ST. JOHN AMBULANCE ASSOCIATION.—Male and female classes have this week been opened in the Royal Engineers' Institute, Chatham, by Lieut.-Col. F. Duncan, R.A. Surgeon-Major Muir, of the Army Medical Department, has consented to give the lectures. At the opening of the male class, a number of men under orders for Egypt were present, and received some useful hints as to the first treatment of the wounded.

SANITARY INSTITUTE OF GREAT BRITAIN.—At the Congress to be held at Newcastle-on-Tyne from September 26th to 30th, Dr. Richardson, F.R.S., has consented to give a lecture to the working classes. The exhibition in connexion with the Congress will remain open until October 21st.

AT the first annual meeting of the members of the Mile-end Old Town Victoria Park Hospital Association, it was announced that the efforts put forth during the past year had resulted in the addition of fifty guineas to the funds of the hospital.

UNIVERSITY OF EDINBURGH.—Mrs. Thomson of Rosalee, Hawick, has intimated to the Senatus of the University of Edinburgh the foundation by her of a scholarship in midwifery, to be called the James Scott Scholarship, in memory of her father, the late James Scott, of Allanshaws. This is the second scholarship in the same department for students of this university, Mrs. Buchanan, of 49, Moray-place, Edinburgh, having two years ago provided funds for a scholarship in gynæcology. In both cases the scholars receive the yearly interest of £1000.

NORTH OF SCOTLAND MEDICAL ASSOCIATION.—At the annual meeting of the members of the above Association on the 29th ult., Professor Pirrie delivered an address on the Infectiveness of Tubercle, printed *in extenso* in THE LANCET last week. Dr. Pirrie, Dr. Struthers, Dr. Rodger, Dr. Beveridge, and Dr. Lyon were appointed a committee to co-operate with a committee of the Glasgow Association to endeavour to obtain the removal or relaxation of the present restrictions on the performance of vivisectional experiments. Dr. Manson of Banff was nominated President elect.

THE TECHNOLOGICAL, INDUSTRIAL, AND SANITARY MUSEUM OF NEW SOUTH WALES.—The Colonial Government are making rapid progress with the organisation of this museum, which has now been permanently established in the Garden Palace at Sydney, the building in which the International Exhibition of 1879 was held. Arrangements are now being made for the shipment of contributions to the museum from manufacturers in this country, which for the most part consist of sanitary appliances and articles connected with building. These contributions are being forwarded to Sydney free of cost by the Government on the recommendation of the British committee, at the head of which is Sir Saul Samuel, the Agent-General for the Colony. This committee have issued a circular in which they say the Sydney Museum occupies a similar position, and fulfils the same purposes in New South Wales, as the South Kensington Museum and the Parkes Museum of Hygiene do in London. Large numbers of houses are being erected in the City of Sydney and other cities and towns of the Colony, in one suburb alone six hundred houses having been built last year. Moreover, the authorities are paying great attention to sanitary matters, and the principal object of the Government in establishing and maintaining the Museum is to provide a means whereby the Colonists may become acquainted with improved apparatus and appliances for building and domestic purposes. Mr. Mark H. Judge (8, Park-place Villas, Paddington) is the acting member of the British committee for forms, &c.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

ANTHONY, JOHN, L.R.C.P.Ed., L.F.P.S.Glas., has been appointed Medical Officer for the Arncliffe District of the Settle Union.

BERNARD, ALFRED G. FARQUHAR, M.R.C.S. & L.S.A.Lond., has been appointed Medical Officer to the Troops at the Seaforth Battery, vice Dr. C. Swaby-Smith, resigned.

CANE, FRANCIS EDWARD, L.R.C.S.Ed., L.R.C.P.Ed., has been elected Resident Dispensary Surgeon to the Bradford Infirmary and Dispensary.

CRESSWELL, NATHANIEL ENGELHEART, M.D. St. And., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer of Health for the Towcester Rural Sanitary District, vice Thompson, resigned.

DAVIES, R. H., F.C.S., has been reappointed Public Analyst for the Fulham District.

JONES, RICHARD, M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Flint Urban Sanitary District.

LILLEY, G. HERBERT, M.D., M.R.C.P.E. (late Assistant-Surgeon), has been appointed Medical Officer to H.M. Convict Prison, Portland, vice H. F. Askham, Esq., resigned.

MURIEL, CECIL, L.R.C.P.Lond., M.R.C.S., has been appointed Resident Medical Officer to the Guest Hospital, Dudley, vice R. Walford, M.R.C.S., resigned.

ORR, HUGH, L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Filey District of the Scarborough Union.

PATTEN, CHARLES ARTHUR, L.R.C.P.Lond., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer to the Princess Helena College, Ealing.

PERCIVAL, GEORGE HENRY, M.B.Lond., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer of Health for the Northampton Rural Sanitary District, vice Haviland, resigned.

ROLSTON, JOHN R., L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Morice and St. Aubyn District of Stoke Damerel Parish.

SPENCE, WILLIAM JAMES, L.R.C.P., L.R.C.S., has been appointed House-Physician to the Bradford Infirmary, vice Foster, resigned.

STEELE-PERKINS, GEORGE, M.B., C.M.Ed., M.R.C.S., L.R.C.P.Lond., has been appointed Medical Officer to the Port of Exeter.

WHITTLE, EDW. GEO., M.B.Lond., F.R.C.S.Eng., has been appointed Medical Officer to the Waterloo Lodge of the Manchester Unity of Odd Fellows, Brighton, vice Passmore, resigned.

WILLIAMS, ROBERT, M.B., C.M.Ed., has been reappointed Medical Officer of Health for the Leominster Urban Sanitary District.

Births, Marriages, and Deaths.

BIRTHS.

BROOMHEAD.—On the 1st inst., at Barker-street, Oldham, the wife of Charles Broomhead, M.D., of a son.

CRAWFORD.—On the 30th ult., at 5, St. John's-park, Blackheath, the wife of Dr. Crawford, Director-General, Army Medical Department, of a son.

HALL-MORE.—On the 3rd inst., at Beachlands, Walmer, the wife of Robert Hall-More, M.D., Staff-Surgeon, Royal Navy, H.M.S. *Swiftsure*, of a son.

LEITCH.—On the 6th inst., at Park-terrace, Silloth, the wife of John Leitch, M.B. & C.M.Ed., of a son.

MCCLURE.—On the 7th inst., at Verandah House, Worle, Somersetshire, the wife of Thomas McClure, M.D., F.R.C.S.I., of a son.

PURVES.—On the 2nd inst., at Stratford-place, Oxford-street, W., the wife of W. Laidlaw Purves, M.D., of a daughter.

VIVIAN.—On the 25th ult., at Chase Side, Southgate, N., the wife of R. T. Vivian, M.R.C.S., of a son.

WALL.—On the 7th inst., at Bishop's-road, Bayswater, W., the wife of Reginald Bligh Wall, M.R.C.S., of a daughter.

MARRIAGES.

BAUMLER—REIMER.—On the 3rd inst., at St. Luke's, Berlin, Christian G. H. Baumler, M.D., F.R.C.P.Lond., Professor of Clinical Medicine in the University of Freiburg, in Baden, to Maria Victoria Reimer, daughter of Dietrich Reimer, Esq., of Berlin.

CORTIS—BRUCE.—On the 3rd inst., at St. Mark's, Kennington, Herbert Liddell Cortis, M.R.C.S. (son of Dr. Cortis, of Kennington-park-road), to Mary, daughter of James Bruce, Esq., of Stockwell-road (late of Cape Town).

DOWDING—TURNER.—On the 26th ult., at Rochdale, by special license, Alexander W. Woodman Dowding, M.D., M.R.C.P., of Durham House, Barking-road, E., to Florence, the only daughter of David Turner, of Castlefield House.

LEIGH—GEERE.—On the 3rd inst., at the Parish Church, Brighton, Thomas Leigh, L.R.C.P.Lond., to Georgina, fourth daughter of the late George Geere, Surgeon, of Brighton.

NOBLE—THOMPSON.—On the 2nd inst., at Barras-bridge Presbyterian Church of England, Newcastle-upon-Tyne, by the Rev. R. Noble (uncle of the bridegroom), assisted by the Rev. Geo. Bell, James Black Noble, M.R.C.S. &c., of Trinity-square, S.E. (second son of the late John Noble, F.E.I.Sc, of Newcastle), to Jennie, second daughter of the late Joseph Thompson, of Walker, Northumberland.

WALLIS—WATSON.—On the 3rd inst., at St. Anne's Church, Wandsworth, by the Rev. Benjamin Whitelock, M.A., assisted by the Rev. Edward W. D. Chave, Vicar, William Wallis, of Groombridge, elder son of William Wallis, of Hartfield, Sussex, to Marian Bravery, youngest daughter of Thomas Simons Watson, of The Gables, Wandsworth-common.

DEATHS.

ADAMS.—On the 29th ult., at Queenstown, Ireland, Andrew Leith Adams, M.D., F.R.S., LL.D., Professor of Natural History, Queen's College, Cork, second son of the late Dr. Francis Adams, Banchory-Ternan.

BOURNE.—On the 16th ult., at his residence in Howard-street, North Shields, William Bourne, M.D., aged 60.

CHADWICK.—On the 28th June, 1882, at Darling, Cape of Good Hope, Ada Mary, the beloved wife of George T. Chadwick, L.R.C.P.

GELL.—On the 2nd inst., suddenly, at his residence, Southam, near Rugby, Alfred Scott Gell, M.R.C.S., aged 48.

MILLER.—On the 7th inst., James Miller, M.D., of Aberdeen House, Great Percy-street, W.C.

MOGG.—On the 28th ult., at Great Smeaton, Joseph Wm. Oliver Mogg, L.R.C.P.Ed., L.R.C.S.Ed.

POULTON.—On the 31st ult., at Elgin-crescent, Notting-hill, Deputy Surgeon-General Charles Walter Poulton, M.D., eldest son of Joseph Chancellor Poulton, of Cricklade, Wilts, aged 59.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

BOOKS ETC. RECEIVED.

BAILLIÈRE, TINDALL, & COX, London.

A Concise Handbook of the Laws relating to Medical Men. By James Greenwood, of the Inner Temple, Barrister-at-Law. Together with a Preface and a Chapter on the Law relating to Lunacy Practice. By L. S. Forbes Winslow, M.B., D.C.L. Oxon. pp. 214.

BLACK, A. & C., Edinburgh.

Lectures on Surgery. By James Spence, F.R.S.E. Third Edition. In 2 vols. pp. 1126, with numerous Plates and Woodcuts.

CHAPMAN & HALL, London.

Health Resorts and their Uses. By I. Burney Yeo, M.D. pp. 316.

CHURCHILL, J. & A., London.

A Treatise on Human Physiology. By J. C. Dalton, M.D. Seventh Edition. pp. 722, with 252 Illustrations.

Eastbourne as a Residence for Invalids and Winter Resort. By Geo. Moseley, F.R.C.S. pp. 70.

Therapeutical Remembrancer. By J. Mayne, M.D. Second Edition, revised. pp. 103.

DAWSON BROTHERS, Montreal.

A Rational Materialistic Definition of Insanity and Imbecility. By Henry Howard, M.R.C.S.Eng. pp. 145.

JOHNSTON, W. & A. K., Edinburgh.

The Botanical Atlas. By D. M'Alpine, F.G.S. Part IV. Four coloured Plates.

KEGAN PAUL, TRENCH, & CO., London.

Chapters on the History of the Insane in the British Isles. By Daniel Hack Tuke, M.D., F.R.C.P. pp. 548, with 4 Illustrations.

LEWIS, H. K., London.

An Atlas of Illustrations of Pathology. Compiled (chiefly from original sources) for the New Sydenham Society. Fascic. IV.: Diseases of the Liver. Plates XVII. to XXII., with Pathological Summary by Dr. Goodhart.

LOESCHER, HERRMANN, Turin.

Archives Italiennes de Biologie. Sous la Direction de C. Emery et A. Mosso. Tome I., avec 31 Planches et 35 Figures dans le Texte.

LONGMANS, GREEN, & CO., London.

Human Parasites. By T. Spencer Cobbold, M.D., F.R.S. pp. 88.

MACLACHLAN & STEWART, Edinburgh.

Manual of Gynecology. By D. B. Hart, M.D., F.R.C.P.Ed., and A. H. Barbour, B.Sc., M.B. pp. 644, with 9 Lithographs and 400 Woodcuts.

PUTNAM'S SONS, New York.

The Psychology of the Salem Witchcraft Excitement of 1692. By G. M. Beard, A.M., M.D. pp. 112.

SMITH, ELDER, & CO., London.

Diseases of Women, including their Pathology, Causation, Symptoms, Diagnosis, and Treatment. By Arthur W. Edis, M.D.Lond., F.R.C.P. Second Edition. pp. 551, with 169 Illustrations.

WYMAN & SONS, London.

Modern Dress and Clothing in its Relation to Health and Disease. By T. F. Pearse, M.D. pp. 67.

Influence of Selection on the Mortality from Different Classes of Diseases amongst Assured Lives; by W. R. Dovey.—Della Paralisi Regressiva; pel Dr. Guglielmo H. Barlow, M.D.; prima Versione Italiana pel Dr. V. Bompiant.—Virchow's Archiv, Vol. LXXXIX.—Proceedings of the Allahabad Medical Society.—Lock Hospitals and Lock Wards in General Hospitals; by F. W. Lowndes, M.R.C.S.—Remarks on Climate in Relation to Organic Nature; by Surgeon-General C. A. Gordon, M.D., C.B.—Pestilentia in Nummis; von Dr. L. Pfeffer und C. Ruland.—On the Sea-bathing and Mineral Waters of Scarborough; by Dr. Alexander.—Plastic Splints in Surgery; by S. N. Nelson, M.D.—On Genital Renovation by Kolpostenotomy and Kolpoecpetasis in Urinary and Fecal Fistules; by Nathan Bozeman, M.D.—Father Mathew: a Biography; by J. F. Maguire, M.P. (Burns and Oates.)—Transactions of the Perthshire Medical Association; edited by A. R. Urquhart, M.D.—Transactions of the Massachusetts Medico-legal Society.—Index Medicus, Vol. IV.—The Liverpool Medico-Chirurgical Journal, July.—The Boy's Own Paper, the Girl's Own Paper, the Leisure Hour, and the Sunday at Home, for August.—Experiments with Permanganate of Potash, showing its Use in the Treatment of Cobra Poisoning; by Vincent Richards, F.R.C.S.Ed.—Birmingham Medical Review, August.—Description d'un Nouvel Appareil Instrumental pour la Cystotomie Périnéale; par le Dr. P. Loreta.—The Squire, August.—Der Moderne Kaiserschnitt; von Dr. P. Müller.—Fat Embolism; by Robert Saundby, M.D.—De l'Ovariotomie Antiseptique; par le Dr. J. Thiriar.—Neuf Cas de Guérison de la Rage; par M. E. Decroix.—Practical and Useful Instructions on the Turkish Bath; by W. Young.—Archivio Medico Italiano.—The Medical History of Worcestershire; by A. H. F. Cameron.—Precautions necessary to Prevent the Diffusion of Hydrophobia; by T. M. Dolan, F.R.C.S.Ed.—Etiology of Tubercle; by H. MacCormac, M.D.

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

Lectures, original articles, and reports should be written on one side only of the paper.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

CHEAP MEDICINE AT SALFORD.

THE following handbill was put into the hands of a practitioner, who forwards it to us. What is to become of the profession when medicine and advice and a speciality are all to be given for a shilling a week!

"Private Dispensary, 94, Oldfield-road (13 doors from Regent-road). Mr. W. Simpson, Surgeon. Where patients can, on the payment of one shilling, receive medicine and advice for the week. Diseases of women and children particularly attended to. Surgery hours: morning, 9.30 to 12; evening, 6 to 9. N.B.—Dispensary patients to bring their own bottles."

THE SUNFLOWER.

IN the New York *Medical Record* of July 29th attention is directed to the medicinal virtues of the *Helianthus annuus*, the "passion" flower of the modern æsthete. It is an antiperiodic and a counter-irritant, and the stalk of the mature plant, when dried, forms a good natural moxa. The anti-malarial properties of the sunflower were pointed out by Maury in 1850.

Mr. Jenkinson.—They are so considered now by most English pathologists, and doubtless membranous croup should be classed with the zymotic diseases.

"THE CAUSE OR CAUSES OF ACUTE TONSILLITIS."

To the Editor of THE LANCET.

SIR,—Your correspondent, Dr. Atkinson, has mooted a subject of great practical and scientific interest in calling attention to the etiology of acute tonsillitis. That little immediate notice has been taken of his communication is of course explicable on several hypotheses, which it is unnecessary to specify. It may, however, be remarked that, common as the disease is, a positive assertion of all its causes belongs to the future. The gland, or rather cluster of glands, in question is one of that ductless series the functions of which cannot be more distinctly stated at present than by affirming that they probably further metabolism and excretion; and this view is supported by the clinical evidence furnished by another correspondent of yours in a previous number, of the benefit derived from the use of salicylate of soda in some cases. At the meeting of the Æsculapian Club, held on Feb. 24th, 1882, I read a paper on the Salicylate Treatment of Rheumatism, in which I discussed the related condition of tonsillitis, and ventured on that occasion to employ two terms for conditions not unknown, explanatory of the etiology of the disease in question, which may be rather startling from their want of euphony, but which, nevertheless, express sufficiently for clinical purposes the imperfect state of our present knowledge of the subject. These were ergozymosis (ἔργον+ζύμωσις), or the presence in excess of the products of wear and tear generally, and cacometabolism (κακὸς=bad), or the imperfect metamorphosis of such products and their consequent imperfect elimination. Under normal circumstances the physiological processes of waste, elimination, and repair are harmoniously effected, and the tissues active in such operations have just so much work to do as they can perform. Or, even when special tissues are overworked, vicarious elimination and accentuated repair may obviate diseased action. But when such collateral aids are unequal to the task, the overworked metabolic structure or emunctory becomes hyperæmic, inflamed, swollen, and mechanically and dynamically productive of constitutional disturbance. Exposure to cold, it may be of a very moderate degree, in an ergozymotic condition, is, in my experience, the most common cause of tonsillitis, but any reason for defective elimination or imperfect repair of waste may be its more or less immediate or exciting cause. An ordinary "sore-throat" without marked tonsillitis is in many instances essentially an hyperæmic condition of the ductless submucous glands of the pharynx, due in most cases to ergozymosis and cacometabolism; while the conditions of chronic enlargement of the tonsils and pharyngeal adenomata or adenoid disease, so productive of mechanical irritative conditions and functional disturbances in this neighbourhood, are, I believe, mainly irritative hyperplasiæ from the presence of imperfectly eliminated cacometabolic products. The treatment of the acute conditions referred to, which follows from the above remarks, is the furtherance of elimination by the usual methods, and sufficient nourishment; or in the case of a specific disease, such as rheumatism (as I pointed out in the paper referred to), the use in combination with diaphoretics and evacuants, of salicylate of soda, which probably acts both by checking the production of the ergozymotic cause of the disease and by rendering it more easily eliminated when produced.

I hope on a future occasion to call attention to the far-reaching significance of cacometabolism and to the chemico-physical influence of cacometabolic products on the structural changes in diseased tissues, to the modification by them of vital processes, and to their production of germ pabula, the antecedent condition and prior cause of many so-called germ diseases.—I remain, Sir, yours obediently,

ALEXANDER MORISON, M.D.

The Terrace, Green-lanes, N., August 7th, 1882.

To the Editor of THE LANCET.

SIR,—Is tonsillitis dependent sometimes on non-articular rheumatism and sometimes upon depression of vital power? I answer unhesitatingly and to each half of the interrogation, "Yes!" What medical man, at once observant and experienced, doubts the validity of the double connexion? About twelve months ago a former patient, who now resides at a distance of several miles from my abode, wrote: "For many weeks I have been tormented with severe cough, cold, and sore-throat. A fortnight since rheumatism attacked my legs, and my chest symptoms disappeared as though by magic." In 1852 I was acquainted with a medical apprentice whose lines had fallen in places that proved to be the opposite of pleasant. The outcome of the triple infliction of hard work, close confinement, and unceasing heart-stabs was an attack of quinsy.

And now for a word on that much ventilated subject, the cure of tonsillitis. Years since I attended a carpenter who experienced an attack of the disease under consideration regularly every spring. One March his quinsy failed to put in its accustomed appearance. The result was the supervention of prolonged tonsillitis, laryngitis, tracheitis, and bronchitis. A return of the quinsy, however, relieved him, after months of suffering, from farther annoyance. For a lengthened period I have been occasionally consulted by an individual aged about forty-five who suffers somewhat severely from tumefaction of both hard and soft palates, plus œdema of the uvula and lining membrane of the larynx and upper portion of the trachea. In happier times, now long since gone by, he underwent frequent attacks of tonsillitis, several of which terminated in abscess. In 1882 the burden of his threnody is, "Oh, that I could have quinsies over again!" Individually he would as soon attempt to suspend the pains of natural labour as to abort a tonsillitis. In my opinion acute disease is an entity which the practitioner will do well to assist to a natural termination—by no means a something that he should pounce upon—strangle in its birth. What a pity it is that medical men exhibit their present indisposition to report leading cases. Every man can write intelligibly, though to play gymnastics with the Queen's English is a gift that the gods bestow but on the chosen few.

I am, Sir, yours, &c.,

Canterbury, August 9th, 1882. J. BEADNELL GILL, M.D.

Mr. A. Bywater.—The case has a certain amount of interest, but the circumstance mentioned is not unusual in the canidæ.

HIGH TEMPERATURE IN PUERPERAL FEVER.

To the Editor of THE LANCET.

SIR,—Perhaps the following notes may be interesting to some of your readers:—

Mrs. A——, a strong and healthy lady, aged twenty-eight, was delivered on April 13th of her second child. She had a comparatively easy labour, of about three hours' duration; a knee presentation. Her condition seemed in every way satisfactory until the 15th, when at 6 o'clock P.M. she had a severe rigor. On the same evening, at 10.30, I found her in a state of high fever, complaining of headache and pain in the right iliac region. The pulse was full, 134; temperature 105·4°. The tongue was coated with a white fur, and the bowels had acted freely during the forenoon, after a dose of castor oil. Lochia normal.—16th, 10.30 A.M.: Patient feels better; has passed a fair night; pain less. Lochia diminished, but offensive to the smell. Pulse 125; temperature 104°. 9 P.M.: Patient expresses herself better; pain entirely ceased; also the lochia. Pulse 122; temperature 103·5°.—17th, 10.30 A.M.: Has had a good night; complains of nothing except her thirst. Pulse 118; temperature 103·1°. 9·30 P.M.: Much the same; slight attack of diarrhœa. Pulse 130; temperature 105·2°.—18th, 10 A.M.: Has had another fair night; bowels stayed. Pulse 128; temperature 105°. 10 P.M.: No change since morning visit. Pulse 130; temperature 105·1°.—19th, 9.30 A.M.: Patient in same condition. Pulse 130; temperature 105°. 10 P.M.: No change. Pulse 135; temperature 105·4°.—20th, 9.30 A.M.: Has passed a restless night; bowels relaxed again; complains greatly of thirst. Pulse 133; temperature 106·1°. 8.30 P.M.: Patient is delirious for the first time; bowels still relaxed. Pulse 143; temperature 109·3°. Died at 1.20 A.M. on the 21st.

The pain in the right iliac region ceased during the afternoon of the 16th, and there was not any swelling of the abdomen up to the time of her death. The remedies I used in this case consisted of fomentations in the early stage, with injections of Condy's fluid; also aconite, sulphocarbolate of soda, quinine, and the wet sheet. I may add that this case had its origin in scarlet fever poison, as I found out unfortunately too late.

I am, Sir, yours faithfully,

Keighley, August 7th, 1882. F. HARRISON TETLEY.

SUICIDE IN PHILADELPHIA.

IN a paper read by Dr. J. G. Lee at the recent session of the American Medical Association the author stated that his experience was opposed to that of European observers in respect of the frequency of suicide amongst the married of both sexes. In 636 cases which were made the subject of judicial inquiry in the city and county of Philadelphia, 444 were of married persons, 138 single, and in 54 cases the question of marriage was not ascertained. Of the 444 married persons, 370 were males, 74 females. Of the 138 unmarried, 109 were males, 29 females. Of the 54 whose condition was unknown, 47 were males and 7 females.

A. B. B.—The work may doubtless be obtained of Sampson Low and Co., Fleet-street.

"THE ABORTIVE TREATMENT OF GONORRHŒA."

To the Editor of THE LANCET.

SIR,—Mr. Watson Cheyne's interesting paper on the above subject in the current number of THE LANCET has induced me to send you a few practical remarks on the treatment of a malady which, through my former connexion with the Contagious Diseases Act at Woolwich, I have had special opportunities of observing. I arrived at my conviction as to the best mode of treating it on the following data, which I have placed in the order of their importance. Firstly, two diseased surfaces in constant and close apposition with each other are unfavourably placed for recovery, therefore I separate the walls of the inflamed urethra by ordering injections of hot water to be retained for twenty minutes or longer when practicable; but as the fingers would become cramped from holding the extremity of the penis for that purpose, Messrs. Krohne and Sesemann have made me a simple spring forceps that conveniently takes their place, and, moreover, thus liberates the hands, which may be employed to hold a book, &c., to while away the tedium. Secondly, the gonorrhœal discharge being capable of producing the disease when applied to a mucous surface, it is not unreasonable to suppose that its retention within the urethra must very largely perpetuate and exaggerate the inflammatory condition and stage; therefore the injections already recommended, when frequently used, will have a salutary effect in this respect also. Thirdly, it being well known that hot fomentations and poultices are soothing and emollient in all acute inflammations, it follows that hot injections within the urethra and hot baths and the application of flannels wrung out of hot water to the parts externally must be very beneficial. And, lastly, certain drugs that have a styptic effect upon the genito-urinary mucous tract are plainly indicated. But experience proves that they can only be administered with benefit after the more acute symptoms have subsided. I therefore give the liq. copaivæ comp. of Messrs. Hewlett and Sons when that stage has been reached, which is generally the case within a few days under the treatment indicated, and at the same time add three drops of liq. plumbi to each ounce of the injection, which must now be made with distilled water, and used less warm, or altogether cold. In some cases weak injections of nitrate of silver or chloride of zinc may now be of great use. I need scarcely add that the regimen, alimentary and medicinal, must be strictly non-inflammatory in the acute stage. Will you permit me to say, in conclusion, that I think the *modus operandi* of Mr. Cheyne's treatment and mine is very much the same—viz., separation of the walls of the urethra, dilution of the discharge, and lubrication of the inflamed surfaces with the cocoa-butter bougies. His objection to injections that their effects "are only momentary" cannot apply to the manner in which I recommend them.

I am, Sir, yours faithfully,
BERESFORD RYLEY, M.D.,
Formerly Assistant Visiting Surgeon at Woolwich, under the Contagious Diseases Act.

Finsbury-square, E.C., August 5th, 1882.

Mr. Haggart.—The announcement appeared in our issue of last week, page 208.

Dr. Angus Mackintosh.—Thanks.

A MEDICAL SICK FUND.

To the Editor of THE LANCET.

SIR,—I have long wished to make a suggestion to my professional brethren (and can only do so through the medium of THE LANCET) that there should be for us all a sick fund or club by which a man, when he is totally disabled, shall receive sufficient sick pay to keep him going and to pay a locum tenens. Suppose each medical man were to subscribe £2 2*s.* a year, and in case of illness from disease or accident he would during his incapacity from attending to his professional duties receive, say, £10 a week. I would leave the management of rules, &c., to a committee appointed for the purpose, and I only wish to place the skeleton of the idea before the profession, and leave it to more experienced heads to put it into working order. I am sure that many a man is working hard out-doors when he ought to be in bed, and thus perhaps sowing the seeds of some disease which, with proper rest, might be avoided. These cases are so numerous that it is obvious some remedy should be sought for them. I have been called up at night, and had to go six miles in the rain and snow, with jaundice, ulcerated throat, and a temperature of 103°, thereby lengthening my convalescence by quite a fortnight. How many have fared worse still? But they cannot afford to pay a locum tenens £3 3*s.* a week, and so they slave on in misery. Of course if such a club were started each sick member should get a certificate signed by two medical men, if possible, both when he goes "on the box" and when he goes off.—I am, Sir, faithfully yours,

Bristol, August 8th, 1882. A. H. BOYS, L.R.C.P. Ed.

DANGERS OF TOY PISTOLS.

THE *Boston Medical and Surgical Journal* of July 27th reports six cases of tetanus following the infliction of wounds by toy pistols. Five of them occurred in the service of Dr. Ingalls, of the Boston City Hospital, all of them fatal. The sixth is recorded by Dr. Millet, of Rockland, and also terminated fatally. The imperfect construction of the cheap instrument is supposed to determine the perilous nature of a wound inflicted by it.

Mr. C. Winkworth should consult our advertising columns.

Mr. Ellis.—Thanks.

DISINFECTION.

To the Editor of THE LANCET.

SIR,—Can you refer me to experiments proving at what temperature the vitality of the infective matter of scarlatina and small-pox is destroyed, and what is the best known portable disinfecting apparatus for taking into country districts to disinfect by heat?

I am, Sir, yours faithfully,
Notts, August 5th, 1882. CHARLES WILLS.

*** There are no experiments of sufficient accuracy to decide the exact temperature at which any of the specific poisons are destroyed. Hence it is desirable to submit articles to the highest possible temperature short of damaging them, and the experiments made by Dr. Ransome, F.R.S., of Nottingham, have gone to show that in a stove so constructed as to ensure in all parts of its structure, and also in all parts of the articles contained in it, a uniform temperature of some 245° to 255° Fahr., complete success is in every respect attained. This uniformity of temperature cannot, we believe, be obtained in any portable stove, and since with a properly constructed cart infected articles can be easily conveyed to a stationary stove, we do not regard the absence of a thoroughly efficient portable stove as of any consequence. The best hot-air disinfecting stove is unquestionably that designed by Dr. Ransome, and manufactured by Messrs. Goddard and Massey, of Nottingham. The best steam disinfector is Messrs. Washington Lyons' apparatus.—ED. L.

Mr. G. Abbott.—Thanks. The point has not been overlooked.

SCOTCH MEDICAL SCHOOLS.

To the Editor of THE LANCET.

SIR,—As I received the greater part of my medical education at the University of Glasgow, I take great interest in the letters of your correspondents. There is, however, a statement in "Scottish Notes" in this week's LANCET which should scarcely be allowed to pass without notice. The writer wishes your readers to believe that English students flock to Scotland because of the "good teaching." It may be on this account to a great extent, but not altogether, as no doubt the fees for lectures and hospital practice and the expenses of living induce many to study in Scotland who would otherwise go to London.

In my student days, now more than twenty-five years ago, the fees payable at the University of Glasgow were three guineas for a first course of lectures, and only two guineas at the Andersonian Institution, where most of the English students attended. Hospital practice at the Royal Infirmary to qualify for the College of Surgeons and Apothecaries' Hall could be attended for ten guineas, including clinical lectures.

Contrast these fees with those payable in London, which amounted to £94 at St. Bartholomew's. Also the diploma of the College of Surgeons, Edinburgh, or of the Glasgow Faculty could be obtained for considerably less than that of the London College of Surgeons.

Anyone desiring to know more of Scotch students and Scottish universities should read the very interesting article, "College Life at Glasgow," by Dr. Boyd, a Presbyterian minister at St. Andrews, and Mr. Gladstone's rectorial address, delivered at Glasgow in December, 1879.

I remain, Sir, yours truly,
August 5th, 1882. ALPHA.

Dr. Ward Cousins.—The notice appeared in our last issue, p. 188.

ECZEMA AND VACCINATION.

To the Editor of THE LANCET.

SIR,—A sad instance of the evil consequences of postponed vaccination has just come under my notice in the person of a child suffering from eczema. The cutaneous malady commenced about the age of three months, and owing to its persistent character it was agreed by the doctor in charge that the vaccination should "stand over." When two years of age this child was stricken down with confluent small-pox, scarcely escaping with its life, and now presenting an amount of facial scarring terrible to witness. Although many other persons dwelling in the same street were included in the epidemic, it is important to notice that the five other members of the family who remained in the house during his illness, and who had been successfully vaccinated, were unaffected throughout. It has been my frequent experience in hospital practice to see patients suffering skin diseases allowed to "stand over" from the protective influence of early vaccination, and therefore running equal risk.

The brief narration of the above case may perchance prove a timely warning to those of my professional brethren who hesitate to vaccinate so long as eczema is present.

I remain, Sir, yours faithfully,
Finsbury-circus, E.C., Aug. 1882. J. HERBERT STOWERS, M.D.

THE GALLWEY FUND.

THE appeal made some months ago on behalf of the widow and children of the late Dr. J. H. Gallwey, who died suddenly on Nov. 27th, 1881, leaving them in destitute circumstances, has, we understand, resulted in the collection of £460. Mrs. Gallwey has also obtained an award of £20 for this year from the British Medical Benevolent Fund.

CORRIGENDUM.—In THE LANCET, Dec. 3rd, 1881, page 969, we referred to the use of carbolic acid in the cure of hydrocele as practised by Dr. R. J. "Lewis;" it should have been Dr. R. J. Levis.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir W. Smart, London; Dr. Plowright, King's Lynn; Mr. Tetley, Keighley; Dr. Long Fox; Mr. Vincent Richards, Gosforth; Dr. W. R. Smith, Cheltenham; Dr. de G. Griffith, London; Dr. Campbell Black, Glasgow; Dr. Ward Cousins; Mr. Sydney, Hounslow; Messrs. Rogers, Rock, and Co., Droitwich; Mr. Morley, Birmingham; Dr. Shuttleworth; M. Decroix, Paris; Mr. W. Berry, Wigan; Dr. H. Stowers, London; Dr. Scriven, London; Mr. P. E. Hill, Crickhowell; Messrs. Nicholls and Co.; Mr. Brennen, Dublin; Dr. Dudfield; Mr. Shirley Murphy, London; Mr. R. Ellis, Newcastle; Mr. J. L. Gibson, Edinburgh; Dr. Pearson, Maryport; Dr. Ryley, London; Dr. Morison, London; Dr. Meredith; Mr. Sutcliffe, Over Darwen; Dr. Lesser, Leipzig; Mr. Carpenter, London; Mr. Cross, Petersfield; Dr. Fulton, Toronto; Mr. Stephens, Winchcomb; Mr. Whitmore, Dursley; Mr. Housley, Leicester; Mr. Barnes, Axminster; Mr. Mortimer, London; Mr. Batterfield, Northampton; Mr. Julyan, Penzance; Mr. Kershaw, Normanton; Mr. Griffiths, Penygros; Mr. Brookhouse; Mr. Wills, Mansfield; Dr. Fisher, London; Dr. Thin, London; Mr. Mark Judge, London; Mr. Wyllie, Claughton; Mr. Skirving, Edinburgh; Mr. Boys, Pill; Dr. Angus Mackintosh; Dr. Marshall, Nottingham; Mr. Callimore, London; Dr. Fraser, Salford; Dr. Campbell, Newcastle; Mr. Watson Cheyne, London; A. R.; Alpha; Endymion; T. N. O.; Enquirens; L.R.C.P., Stoke Newington; Medicus, Clapham; A. B., Colchester; R.; A. B. B.; &c., &c.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Dowse, London; Messrs. Stephenson and Travis, Liverpool; Messrs. St. Croix, Jersey; Messrs. Crossley and Co., London; Messrs. Wyleys and Co., Coventry; Mr. Horne, York; Mr. Ernst, London; Mr. Rawson, Thornton; Mr. Cooper, Bolton; Mr. Mechelle, London; Mr. Bryon, Portsea; Dr. Sutton, Smethwick; Mr. Ellis, Shipley; Dr. Diplock, Chiswick; Messrs. Theakstone and Co., Scarborough; Messrs. Brady and Martin, Newcastle-on-Tyne; Mr. Rutherford, Newcastle-on-Tyne; Dr. Gruid, Blackpool; Mr. Marrett, Islington; Mrs. Gell, Southam; Dr. Blythman, Swinton; Mr. Larmuth, Salford; Mrs. Alexander, London; Dr. Mitchell, Cockermouth; Mr. Dewar, London; Dr. Searle, Penzance; Mr. Wallas, East Grinstead; Messrs. Pubble and Morley, Brixton; Mr. Pedley, London; Mr. Eastwood, Blackburn; Mr. Price, Wolverhampton; Mr. Linton, Stoke-on-Trent; Mr. Marsh, Stafford; Mr. Orchard, Notting-hill; Mr. Stewart, Wigan; Mr. Whitmore, Dursley; Omega, Peterborough; Beta, Dundee; Alpha, Barmouth; Veritas, Kentish-town; Undergraduate, Blyth; M. G., Liverpool; Lerlo; H., Euston-road; R. H. M., Ilchester; C. J. G., Preston; Medicus, Bradninch; W. J., Mile-end; H. S. R., Shrewsbury; H. C., Denby; A. D. O., Tipton green; C., Edinburgh; E. L. G., London; M. Z. Y., Barnsbury; Medicus, Hoxne; T. R., London; N., Leeds; E. S.; Durban; Saul, New Brighton; E. G., Birmingham; Medicus, Mile-end; Dens; Medicus, Jersey; Z. A.; W. C. D., Bath; F. T. S.; M. A.; Medicus, Exeter; R. E.; J. G. S.; E. H., Bournemouth; X. Y. Z., Liverpool; Medicus, Buralem; Delta; &c., &c.

York Herald, Richmond and Ripon Chronicle, Port Elizabeth Telegraph, Croydon Guardian, &c., have been received.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, August 10th, 1882.

Date.		Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Aug.	4	30·32	N.E.	60	53	114	70	50	..	Bright
,,	5	30·29	W.	64	58	102	72	53	..	Hazy
,,	6	30·29	W.	62	58	102	82	52	..	Bright
,,	7	30·20	W.	65	58	115	72	57	..	Hazy
,,	8	30·21	N.E.	61	56	103	71	55	..	Overcast
,,	9	30·27	N.E.	58	53	100	73	50	..	Overcast
,,	10	30·31	E.	58	55	..	64	53	..	Hazy

Medical Diary for the ensuing Week.

Monday, August 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

Tuesday, August 15.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, August 16.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

Thursday, August 17.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

Friday, August 18

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—4 P.M. Bradshawe Lecture: Dr. Long Fox, "On Influence of the Sympathetic System on Disease."

Saturday, August 19.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

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